



**WACCAMAW EOC, INC.**  
**1261 HIGHWAY 501E, SUITE B, CONWAY, SC 29526**  
**EMPLOYMENT APPLICATION**

**(WE ARE AN EQUAL OPPORTUNITY EMPLOYER)**

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

**WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION OR ANY OTHER LEGAL PROTECTED STATUS.**

**ACCORDING TO THE SOUTH CAROLINA CODE OF LAWS, CHILDREN’S CODE CHAPTER 7, SECTION 20-7-2725, (ATTACHED) A PERSON WHO HAS BEEN CONVICTED OF A CRIME ENUMERATED IN SUBSECTION (A) WHO APPLIES FOR EMPLOYMENT WITH, IS EMPLOYED BY, OR SEEKS TO PROVIDE CAREGIVER SERVICES OR IS A CAREGIVER AT A HEAD START CENTER IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION, MUST BE FINED NOT MORE THAN FIVE THOUSAND DOLLARS OR IMPRISONED NOT MORE THAN ONE YEAR, OR BOTH.**

**(PLEASE PRINT)**

**APPLYING FOR:**

**Job Title \_\_\_\_\_ Date of Application \_\_\_\_\_**

**Position Number (if known) \_\_\_\_\_ Location \_\_\_\_\_**

**HOW DO WE CONTACT YOU?**

**Social Security Number XXX-XX-\_\_\_\_\_ (Last four digits only)**

\_\_\_\_\_  
**(Last Name) (First Name) (Middle Name)**

\_\_\_\_\_  
**(Physical Home Address) (City) (State) (Zip Code)**

\_\_\_\_\_  
**(Mailing address if different) (City) (State) (Zip Code)**

\_\_\_\_\_  
**( Home Phone) (Business Phone) (Mobile Phone)**

**Email address \_\_\_\_\_**

**TELL US ABOUT YOUR EDUCATION: (College information is only required if it is a job position requirement.)**

High School \_\_\_\_\_ Location \_\_\_\_\_

Diploma \_\_\_\_ Yes \_\_\_\_ No Other (Specify) \_\_\_\_\_ Highest grade completed \_\_\_\_

College Graduate? \_\_\_\_ Yes \_\_\_\_ No If no, give total credit hours received \_\_\_\_ Name of College/University \_\_\_\_\_ Your name if different while attending school \_\_\_\_\_

**GIVE NAME AND ADDRESS OF SCHOOL, MAJOR COURSE OF STUDY AND DEGREE RECEIVED.**

**Name and Address of Undergraduate College/University:**

Degree: \_\_\_\_\_

Year Degree Obtained: \_\_\_\_\_

Pertinent Undergraduate Courses: \_\_\_\_\_

Credit Hours: \_\_\_\_\_

**Name and Address of Graduate School:**

Degree: \_\_\_\_\_

Year Degree Obtained: \_\_\_\_\_

Pertinent Graduate Courses: \_\_\_\_\_

Credit Hours: \_\_\_\_\_

**JOB-RELATED TRAINING AND COURSE WORK**

List any skills, licenses, and certificates which are related to the job you seek (including computer and software proficiency).


**Do you possess a valid S.C. Driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes provide:**

Number: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Class: (Please circle) A B C D E F M G P S

<b>DO YOU HAVE ANY RELATIVE(S) EMPLOYED WITH WACCCAMAW EOC, INC.? IF YES, PLEASE PROVIDE NAME(S) BELOW:</b>		
(Name)	(Relation)	(Work Site)
(Name)	(Relation)	(Work Site)

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? \_\_\_ YES \_\_\_ NO**  
**Note: Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.**

**IF YES, PLEASE LIST CHARGE(S) \_\_\_\_\_**

WHERE CONVICTED	DATE	DISPOSITION/STATUS
_____	_____	_____

**HAVE YOU EVER BEEN TERMINATED OR FORCED TO RESIGN FROM ANY JOB?**  
 \_\_\_ YES \_\_\_ NO  
**IF YES, EXPLAIN \_\_\_\_\_**  
 \_\_\_\_\_

**ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? \_\_\_ YES \_\_\_ NO**  
**IF YES, DO YOU HAVE IN YOUR POSSESSION DOCUMENTATION OF PROOF THAT YOU ARE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? \_\_\_\_\_ YES \_\_\_\_\_ NO**

<b>REFERENCES (GIVE THE NAMES OF TWO PEOPLE, <u>NOT RELATIVES</u>, WHO ARE FAMILIAR WITH YOUR WORK). (This section must be complete)</b>	
<b>1.</b>	
(Name)	(Telephone)
(Address—do not list PO Box)	
<b>2.</b>	
(Name)	(Telephone)
(Address—do not list PO Box)	

**ARE YOU RELATED TO ANY PERSON WHO CURRENTLY SERVES ON THE WACCAMAW EOC, INC. BOARD OF DIRECTORS? (List attached) IF YES, PLEASE PROVIDE NAME(S) BELOW:**

(Name)

(Relation)

**TELL US ABOUT YOUR WORK EXPERIENCE:**

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. If you have gaps in service, attach a separate sheet with explanation of gaps. **All information in this section must be complete. A resume may be attached, but not substituted for completing this section.**

**1. (Name of present or Last Employer)** \_\_\_\_\_

(Address) \_\_\_\_\_ (Phone) ( ) \_\_\_\_\_

(Job Title) \_\_\_\_\_ (Number Supervised) \_\_\_\_\_ (Supervisor's Name) \_\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ (Hours Per Week) \_\_\_\_\_ (hourly rate) \_\$ \_\_\_\_\_

May we contact this employer? Yes \_\_\_ No \_\_\_

Job Duties (give details): \_\_\_\_\_

Reason for Leaving:

**2. (Name of present or Last Employer)** \_\_\_\_\_

(Address) \_\_\_\_\_ (Phone) ( ) \_\_\_\_\_

(Job Title) \_\_\_\_\_ (Number Supervised) \_\_\_\_\_ (Supervisor's Name) \_\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ (Hours Per Week) \_\_\_\_\_ (Salary) \_\_\_\_\_

May we contact this employer? Yes \_\_\_ No \_\_\_

Job Duties (give details) \_\_\_\_\_

Reason for Leaving

<p><b>3. (Name of present or Last Employer)</b> _____</p> <p><b>(Address)</b> _____ <b>(Phone)</b> (    ) _____</p> <p><b>(Job Title)</b> _____ <b>(Number Supervised)</b> _____ <b>(Supervisor's Name)</b> _____</p> <p><b>From</b> ___/___/___ <b>To</b> ___/___/___ <b>(Hours Per Week)</b> _____ <b>(Salary)</b> _____</p> <p><b>May we contact this employer? Yes</b> ____ <b>No</b> ____</p> <p><b>Job Duties (give details)</b> _____</p> <p>_____</p> <p><b>Reason for Leaving</b></p>
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**Certification of Applicant:** By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

**Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

SECTION 20-7-2725. Childcare center employment.

(A) No childcare center, group childcare home, family childcare home, or church or religious childcare center may employ a person or engage the services of a caregiver who is required to register under the sex offender registry act pursuant to Section 23-3-430 or who has been convicted of:

- (1) a crime listed in Chapter 3 of Title 16, Offenses Against the Person;
- (2) a crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency;
- (3) the crime of contributing to the delinquency of a minor, contained in Section 16-17-490;
- (4) the felonies classified in Section 16-1-10(A), except that this prohibition does not apply to Section 56-5-2930, the Class F felony of driving under the influence pursuant to Section 56-5-2940(4) if the conviction occurred at least ten years prior to the application for employment and the following conditions are met:
  - (a) the person has not been convicted in this State or any other state of an alcohol or drug violation during the previous ten-year period;
  - (b) the person has not been convicted of and has no charges pending in this State or any other state for a violation of driving while his license is canceled, suspended, or revoked during the previous ten-year period; and
  - (c) the person has completed successfully an alcohol or drug assessment and treatment program provided by the South Carolina Department of Alcohol and Other Drug Abuse Services or an equivalent program designated by that agency.

A person who has been convicted of a first-offense violation of Section 56-5-2930 must not drive a motor vehicle or provide transportation while in the official course of his duties as an employee of a childcare center, group childcare home, family childcare home, or church or religious childcare center.

If the person subsequently is convicted of, receives a sentence upon a plea of guilty or of nolo contendere, or forfeits bail posted for a violation of Section 56-5-2930 or for a violation of another law or ordinance of this State or any other state or of a municipality of this State or any other state that prohibits a person from operating a motor vehicle while under the influence of intoxicating liquor, drugs, or narcotics, the person's employment must be terminated;

- (5) the offenses enumerated in Section 16-1-10(D); or
- (6) a criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law.

## 2009 Board Of Directors

<p><b>ULYSSES DEWITT, 1<sup>st</sup> Vice Chair</b>            Horry County            Public Sector Representative</p> <p>8358 Highway 90            Longs, SC 29568            843-446-9495            843-399-3308</p>	<p><b>NORMAN McGILL</b>            Williamsburg County            Private Sector Representative</p> <p>699 Eastlong Avenue            Kingtree, SC 29556            843-354-6892</p>
<p><b>DAVID A. EAGLETON</b>            Horry County            Public Sector Representative</p> <p>P.O. Box 1134            Conway, SC 29528            843-992-5561</p>	<p><b>ANDY D. McKNIGHT, SR., Treasurer</b>            Williamsburg County            Public Sector Representative</p> <p>316 McCullough Loop            Kingtree, SC 29556            843-354-6294            843-382-2474</p>
<p><b>JAMES R. FRAZIER</b>            Horry County            Public Sector Representative</p> <p>725 Bucksport Road            Conway, SC 29528            843-450-7960            843-397-5423</p>	<p><b>DR. ISABELLA McKNIGHT</b>            Williamsburg County            Low Income Sector Representative</p> <p>232 Baxley Road            Hemingway, SC 29554            843-264-3414            843-558-6102</p>
<p><b>SANDRA FAISON GOWANS</b>            Horry County            Low Income Sector Representative</p> <p>2000 Fifth Avenue            Conway, SC 29526            843-602-7942            843-448-1283            sfaisongowans@yahoo.com</p>	<p><b>VIVIAN MILLER</b>            Horry County            Low Income Sector Representative</p> <p>8130 Hickman Drive            Conway, SC 29527            843-915-6902            843-397-5113</p>
<p><b>ZACHARIUS GRATE, Board Chairman</b>            Georgetown County            Private Sector Representative</p> <p>163 Annie Village Road            Georgetown, SC 29440            843-546-2188            843-546-4351            zgrate@gcsd.k12.sc.us</p>	<p><b>RUBY RODGERS</b>            Horry County            Representative Of The Poor</p> <p>9180 Hwy 707            Myrtle Beach, SC 29588            843-215-5672</p>
<p><b>PATRICIA GREGORY</b>            Georgetown County            Public Sector Representative</p> <p>92 Russell Way            Pawleys Island, SC 29585            843-237-2230</p>	<p><b>JAMES M. SMITH</b>            Horry County            Private Sector Representative</p> <p>4164 Hunting Bow Trail            Myrtle Beach, SC 29579            843-236-4317</p>
<p><b>KENNEDY JOHNSON</b>            Georgetown County            Low Income Sector Representative</p> <p>8225 Browns Ferry Rd.            Georgetown, SC 29440            843-527-0231            843-833-1508</p>	<p><b>RICHARD SMITH, 2<sup>nd</sup> Vice Chair</b>            Georgetown County            Private Sector Representative</p> <p>P.O. Box 418            Georgetown, SC 29440            843-545-2825</p>

**AUTHORITY TO RELEASE INFORMATION  
RELEASE AND DISCLOSURE FORM**

By my signature, I consent to the release of information to authorized officers, agents, and/or employees of Waccamaw EOC, Inc. which may include but not be limited to:

- Information concerning your present and past work. If you elected for your present employer to not be notified for a reference, they will be notified after an employment opportunity has been offered. The information requested may be official personnel files, attendance records, evaluations, educational records including transcripts, and military service.
- Alcohol and/or drug assessment testing.
- Fingerprint review by the State Law Enforcement Division (SLED) to determine any state criminal history and a fingerprint review conducted by the Federal Bureau of Investigation (FBI) to determine any other criminal history.
- Ten year driving record history from the South Carolina Department of Highways.
- Staff Health Assessment to include a Tuberculosis certification, completed by physician to determine fitness for work and to check for communicable diseases which would prohibit a person from working in a child care facility. Persons are also at risk of exposure to childhood diseases by working in a child care facility.
- A Search of the Central Registry of Child Abuse and Neglect.
- A Homeland Social Security Check.
- Credit report furnished by a Consumer reporting Agency such as Experian, TransUnion, or Equifax.

You will be notified if an adverse action is taken on the basis of any of the above reports. The company will be identified that provided the report, so you will have the opportunity to verify or contest the report. (See attachment, Appendix A to Part 601 of the Summary of Rights published by the Federal Trade Commission).

This authorization will be in effect until the undersigned person revokes the authorization in writing to this Agency.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date