

CCS Of South Carolina, Inc.

2327 Prosperity Way, Suite 8, Florence, SC 29501 • (843) 669-2273 ofc • (843) 669-7048 fax

EMPLOYMENT APPLICATION

- APPLICANTS WILL BE DRUG TESTED AND BACKGROUND CHECKED
- APPLICANTS SHOULD PRESENT PHOTO ID AND SOCIAL SECURITY CARD WITH APPLICATION
- THIS COMPANY E-VERIFIES ALL EMPLOYEES
- THIS COMPANY RETAINS APPLICATIONS FOR 6 MONTHS (If not hired within 6 months, you will need to reapply)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

CCS Of South Carolina, Inc.

References

Please list three references (not relatives nor previous employers):

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

CCS Of South Carolina, Inc.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Transportation

Do you have a Driver's License? YES NO

What is your means of transportation to work? _____

Driver's License Number: _____ State of Issue: _____ Expiration Date: _____

Have you had any accidents or moving violations during the past three years? YES NO How many? _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature: _____ Date: _____

CCS Of South Carolina, Inc.

AURTHORIZATION AND RELEASE FOR THE PROCUERMENT OF A CONSUMER AND/OR INVESTIGATIVE REPORT

I, the undersigned consumer, do hereby authorize CCS of South Carolina, by and through its independent contractor, BSCAI, to procure a consumer report and/or investigative consumer report to include criminal sled check on me.

These above mentioned reports may include, but are not limited to, employment and education verification; personal references; citations; a social security number verification; present and former addresses; criminal and civil history/record; and any other public record; and any other information bearing on my credit standing, credit capacity, worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of bearing on my credit standing, credit capacity, worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to CCS and South Carolina by and through BSCAI, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

Printed Name: _____
First Middle Last Maiden/Other (within past 7 years only)

Complete Residence Address: _____
Street Number & Name

City State Zip Code County

Email Address: _____

Social Security Number: _____ - _____ - _____

Daytime Telephone Number: _____

Driver's License Number: _____ State Driver's License Issued: _____

Date of Birth: _____ Gender: _____

PLEASE LIST ALL ADDITIONAL RESIDENCES THAT YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS:

Street Number City State Zip Code County

Street Number City State Zip Code County

Street Number City State Zip Code County

(applicant initials)

In the event that separation occurs between the employee and CCS of South Carolina, Inc. within the first 90 days of employment, \$40 will be subtracted from the final paycheck for the costs of background check services performed.

Signature & Date _____
Applicant Signature Date

CCS Of South Carolina, Inc.

DISCLAIMER

This is an employment application. NOTHING IN THIS APPLICATION CONSTITUTES AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT OR AN OFFER OF EMPLOYMENT. The information requested in this application can be modified or altered at any time by CCS of South Carolina, Inc.

THIS IS NOT A CONTRACT.

I understand that the CCS of South Carolina, Inc. application is not a contract or an offer of employment.

Applicant Signature

Date

Printed Name (First, Middle, Last)

CCS of South Carolina Representative & Title

Date

CCS Of South Carolina, Inc.

DRUG TEST CONSENT FORM

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I hereby CONSENT to allow **LabCorp** to take a specimen of my hair, urine or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow **LabCorp** to make the results of such screen available to the prospective or current employer, **CCS of South Carolina, Inc.**

In consideration for such services being rendered on my behalf, I hereby RELEASE **LabCorp**, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against **CCS of South Carolina, Inc.**, **LabCorp**, their respective officers, agents, or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS **CCS of South Carolina, Inc.**, **LabCorp**, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

I hereby CONSENT that if I am ever involved in a work-related accident, I will agree to a drug test performed by the medical facility that I go to for my work-related injury.

The applicant will be responsible for the \$20 charge for the drug test performed if results are returned as positive and if hired and separation occurs between the employee and CCS of South Carolina, Inc. within the first 90 days of employment.

SIGNED this _____ day of _____, 20_____

Employee Signature

Printed Name

Date of Birth