



Low Country Behavior and Wellness Agents

Behavior • Wellness • Support

Low Country Behavior and Wellness Agents

Employment Application

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.: _____

DOB _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If not, 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 felony? 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: _____

References

Please list three professional references.

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
☐

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: _____

Disclaimer and Signature

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

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/

Signature: _____ Date: _____

DISCLAIMER: Low Country Behavior & Wellness Agents LLP. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Low Country Behavior & Wellness Agents LLP. complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.