



**APPLICATION FOR EMPLOYMENT**

**Southeastern Community & Family Services, Inc.**

**EQUAL OPPORTUNITY EMPLOYER**

Mailing Address: P.O. Box 1025 Lumberton, NC 28359

Physical Address: 405 N. Elm St. Lumberton, NC 28359

Main Phone Line: (910) 277-3500

[www.scapnc.org](http://www.scapnc.org)

**Instructions to Applicants:**

We consider applicants for all positions without regard to race, color, religion, creed, gender, sexual orientation, national origin, age, disability, marital or veteran status, or any other legally protected status.

To be considered for employment, you must complete this application to its entirety. If the questions are non-applicable, please insert N/A in the coinciding field. Incomplete applications will not be processed. Resumes may be attached; however, they are not accepted in lieu of the completion of this application. A separate application must be completed for each position. Applications must be received in the Office of Human Resources by 5:00 PM on the posted closing date.

Southeastern Community & Family Services, Inc. (SCFS, Inc.) employs only US Citizens or aliens who can provide proof of identity and work authorization within three working days of employment. SCFS, Inc. participates in E-Verify, an Internet-based system that compares information from an employee's Form I-9, Employment Eligibility Verification, to data from U.S. Department of Homeland Security and Social Security Administration records to confirm employment eligibility.

**Application Submission:**

PLEASE SUBMIT YOUR APPLICATION, RESUME AND COVER LETTER TO:

Southeastern Community Action Partnership, Inc.

**ATTN: Department of Human Resources**

PO Box 1025

Lumberton, NC 28359

[monrota@scapnc.org](mailto:monrota@scapnc.org)

(910) 277-3507

***Thank you for your interest in Southeastern Community Action Partnership Inc.***

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: (    )

E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_

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 felony?    YES     NO

If yes, explain: \_\_\_\_\_

Are you related to any current employees of the agency?

YES     Name of employee \_\_\_\_\_    NO

### Education

High School:    Address: \_\_\_\_\_  
From:    To:    Did you graduate?    YES     NO     Degree: \_\_\_\_\_

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: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (    )  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

**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  
      

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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  
      

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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

By submitting this application or other documents, I agree to conform to the rules and regulations of Southeastern Community Action Partnership, Inc., (hereinafter referred to as the Agency), including a Probationary Period. I certify that the information provided in this Employment Application is correct and complete. I authorize the investigation of this information and give permission for the Agency, or their designated representatives to contact schools, previous employers, and others to verify the data I have supplied. I release and indemnify the Agency from any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers, and other individuals from all liability as a result of responding to such inquiries. I understand that misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with the Agency. In addition, if I am employed by the Agency, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination.

I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation.

I understand that employment with the Agency is for no guaranteed period of time and may be terminated by myself or the Agency with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the Agency's Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between the Agency and me.

### **THE AGENCY'S STATEMENT**

The Agency complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If the Agency extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening.

The Agency is an equal opportunity employer. It is the policy of the Agency to make employment decisions without regard to race, color, religion, sex, age, national origin, disability, sexual orientation, marital status, or any other protected category.

Applicants who are accepted for employment with the Agency should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any positions is not guaranteed.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in immediate termination. I certify that my answers are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EEO SELF IDENTIFICATION ETHNICITY AND GENDER**

Southeastern Community Action Partnership, Inc. (SCFS, Inc.) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. SCAP, Inc. invites applicants to **voluntarily** self-identify their race or ethnicity. Submission of this information does not affect the processing of your employment application. The information will be kept confidential and may only be used in accordance with the provisions of the applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government. This form will be stored separately from your employment application.

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date: \_\_\_\_\_

**Gender:**

\_\_\_\_\_ Male    \_\_\_\_\_ Female

**Race or Ethnicity:**

- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ White (Not Hispanic or Latino)
- \_\_\_\_\_ Black or African American (Not Hispanic or Latino)
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_\_\_ Asian
- \_\_\_\_\_ American Indian or Alaskan Native
- \_\_\_\_\_ Two or More Races/Ethnic Groups

**Veteran Status:**

\_\_\_\_\_ Veteran  
\_\_\_\_\_ Non-Veteran