



Christmas Hire (ONLY) Input Sheet North & South Carolina Division



THIS FORM WILL BE USED TO GENERATE CHRISTMAS PERSONAL/EMPLOYMENT INFORMATION ONTO ABSO. THEREFORE, ALL INFORMATION ON THIS FORM **MUST** BE FILLED IN. PLEASE TYPE OR PRINT LEGIBLY. THIS WILL BE THE ONLY FORM THAT YOU ARE REQUIRED TO SUBMIT FOR A FILE NUMBER. THANK YOU!

(To be completed by the Corps)

Sub Location # : _____ Home Dept.: _____ Corps City & State: _____

Hire Date: _____ File Number: _____

Standard Hours Per Week: _____

Rate Type: Hourly Salary (Annually if exempt) Rate: _____

(To be completed by the applicant)

Social Security Number: _____ Name: _____
(As it appears on the Social Security Card)

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Sex: Female Male

Birthdate: _____ Marital Status: _____ Race: _____

W-4 Information: Single Married Married, but withhold at higher Single rate.
Total number of allowances you are claiming _____
Additional, amount if any, you want withheld from each paycheck. _____
Do you wish to claim exemption from withholding for 2007? _____

NC-4 Information: Single Head of Household Married of Qualifying Widow(er)
Total number of allowances you are claiming _____
Additional, amount if any, you want withheld from each paycheck. _____
Do you wish to claim exemption from withholding for 2007? _____

Have you ever been convicted of a felony? Yes No

Within the last two years, have you been convicted of a misdemeanor which resulted in imprisonment? Yes No

Note: A conviction will not necessarily disqualify you from the job requested

Emergency Contact:

1. Name _____ Phone (Day) _____

Address _____ Phone (Night) _____

City _____ State _____ Zip _____ Relationship _____

1. Do you have a disability that would effect you performing the essential job functions? YES NO
(if YES, please specify) _____

2. Are you requesting an Accommodation? YES NO
(If YES, please specify) _____



THE SALVATION ARMY

APPLICATION FOR SEASONAL/TEMPORARY EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resources Department.

PLEASE NOTE: This form is designed for applicants seeking seasonal or temporary employment. Answer questions completely, honestly, and to the best of your ability. All information will be treated confidentially.

PERSONAL INFORMATION			
Date of Application:		Social Security Number:	
Name: Last	First	Middle	
Address: Street	City	State	Zip
Telephone Number(s):		E-mail Address:	

EMPLOYMENT DESIRED							
Position(s) Applying For:				Dates Available:		Salary Desired:	
Have you previously worked for The Salvation Army?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where? (Please provide dates of employment)		
Days and Hours Available:							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

WORK EXPERIENCE				
<i>List your most recent employer, assignment or volunteer activity, including military experience</i>				
Dates Employed (Month and Year)	Name of Employer	Phone Number	Hourly Rate/Salary	Job Title/Position Held
From:				
To:				
Reason for Leaving:				

GENERAL SKILLS
<i>Please list any special training or skills you possess that would be beneficial to the position for which you are applying</i>

REFERENCES			
Name	Company	Phone Number	Relationship

General Information

Are you legally eligible for employment in the United States? Yes No

Are you below the age of 18? Yes No

Driver's License (if job related) — State issued: _____

Classification: Operator Chauffeur Commercial

Have you ever been convicted of a felony? Yes No

Within the last two years, have you been convicted of a misdemeanor which resulted in imprisonment? Yes No

Note: A conviction will not necessarily disqualify you from the job requested

If "Yes" to either, please explain in detail: _____

If you are to be seriously considered for a position with The Salvation Army, you may be asked for your authorization to run a background check and/or credit check. Would you be willing to authorize this?

Yes No *(Note: Checking "yes" does not constitute authorization to run a background investigation; it only says that you would be willing to sign such authorization forms.)*

Do you have any relatives that are Employees or Officers at The Salvation Army location to which you are applying?

Yes No If yes, please give their name(s), relationship to you, and department/unit:

"I certify that the information contained in this application is true and complete. I authorize investigation of all statements contained in this application and understand that any false or misleading statements or material omissions are cause for termination of employment, if employed. I hereby authorize former and present employers, as well as physicians, references and other sources to provide or verify any information that they have regarding me or my employment with them to The Salvation Army, and release them from any liability arising from the furnishing of any employment information.

I further agree and understand that, except as governed by existing federal, state or local law, where applicable, my employment or an offer of employment establishes no guarantee of continued employment or obligation beyond pay for actual work performed at the agreed upon rate of pay and that my employment may be terminated at any time by myself or The Salvation Army, at either party's option and will."

(For applicants in Maryland: "Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.00")

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

Start Date: _____

Pay Rate: _____ per _____

Corps Officer

Date

DHQ Approval

Date