

**Application for Employment**  
**Southeastern Children's Home**  
**P.O. Box 339, 115 Children's Way, Duncan, SC 29334 -- 864/439-0259**

Mr./Ms. Last Name	First	Middle	Social Security No.	This Date
<b>Address</b>	City	State/Zip	Telephone No.	Date of Birth

Physical Disabilities or Chronic Illnesses	
Date of Last Physical Examination	Family Physician

Position Desired

Training for This Position  
(Formal Education)

Other Specialized  
Training of Experience  
(Not Necessarily For This Job)

Where Now Employed

Reason For Desiring Change

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, list the nature of the crime and where -- city, state, and date.

**Education**

Name and Location of Schools	Major Subject	Did You Graduate?	College Degree	Date From	Date To

**Former Employers and Experience      References'**

Name and Address	Experience	Date From	Date To	Reason of Leaving

**Personal References      Not Relatives**

Name	Address	Phone	Business

I understand that I will be given a physical examination, I also agree if employed, to serve to the best of my ability and to abide by the policies established by the Board of Trustees and the Administrator.

Signed: \_\_\_\_\_