## Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the

Please Print

application and/or interview process should notify a representative of the Human Resources Department. Position (s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_ \_\_\_\_\_\_ First \_\_\_\_\_\_ Middle \_ \_\_\_\_\_Social Security#\_ Name Last Address Street Zip Code City Mobile/Beeper/Other Phone# (\_ E-mail Address Telephone # (\_\_\_)\_ If you are under 18, and it is required, can you furnish a work permit?......Yes No If no, please explain..... No Type of employment desired Full-Time Part-Time Temporary Seasonal Education Co-op Nο If yes, please provide date(s) and details ...... Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. Employment History Provide the following information of your past four (4) employers, assignments or volunteer activities starting with the most recent Starting Job Title/Final Job Title Immediate Supervisor and Title Summarize the nature of work performed and job responsibilities May we contact for reference? If Not, why? Yes No Hourly Rate/Salary Reason for leaving Final \$ Employer Telephone # Starting Job Title/Final Job Title Address Immediate Supervisor and Title Summarize the nature of work performed and job responsibilities May we contact for reference? If Not, why? Reason for leaving Hourly Rate/Salary Final \$ Employer Telephone # From Tο Starting Job Title/Final Job Title Address mmediate Supervisor and Title Summarize the nature of work performed and job responsibilities May we contact for reference? If Not, why? Yes Hourly Rate/Salary Reason for leaving Start \$ Final \$ Per Telephone # **Employer** Starting Job Title/Final Job Title Address Immediate Supervisor and Title Summarize the nature of work performed and job responsibilities May we contact for reference? If Not, why? Yes Reason for leaving Hourly Rate/Salary Start \$ Final \$

## Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)									
Name & Location	Number of years completed?	Did	Did you graduate?		Course of Study				
High School		Yes	No						
College		Yes	No	N	Major	Degree			
Other		Yes	No						
References									
Name		Telephone			Number of years known				
Application Statem	ent								
certify that all information I have provided	in order to apply for and secure work with	the employe	er is true, complet	te and cor	rect.				
I understand that any information provided consideration of this application, or (ii) imm			•		be sufficient ca	ause to (i) cancel further			
expressly authorize, without reservation, to professional), employers, public agencies, application, resume or job interview. I herei gathering and using such information in the	licensing authorities and education institu by waive any and all rights and claims I m	tions and to o	otherwise verify that arding the employ	he accuracyer, its age	cy of all informa ents, employee	ation provided by me in this es or representatives, for seeking,			
As a condition of employment, I understand conditions or other similar valid reasons. I In case of a work related injury, I give perm	also understand that I may be subject to	random drug	testing to such e	extent as is	s permitted und	der federal and state laws.			
I understand that the employer does not ur	nlawfully discriminate In employment and	no question o	on this application	n is used f	or the purpose	of limiting or excusing			

any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I understand the employer will verify my work eligibility through e-verify after my employment has commenced as required by Chapter 8, Title 41 of the 1976SC Code of Laws.

I understand the employer requires a physical examination and drug screen after my employment has commenced.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.	
I certify that I have read, Fully understand and accept all terms of the foregoing Applicant Statemen	t.

Signature of Applicant	Date	