



## Employment Application:

Phone: 803-485-2525 fax: 803-574-3200 Mail Address: PO Box 279 Summerton, Sc 29148

**Applicant Information:**

Name (Last, First, Middle): \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_  
Last 4 digits of Social Security Number: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Application Date: \_\_\_\_\_

Have you ever applied to Town of Summerton before:  Yes  No

If yes, give date \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you available to work:  Full time  Part time  Shift work  Temporary

Are you currently employed:  Yes  No May we contact you at work:  
 Yes  No

May we contact your current employer:  Yes  No

Are you currently on layoff status and subject to recall:  Yes  No

Do you possess a current driver's license:  Yes  No If yes, give number \_\_\_\_\_

Do you possess a current commercial driver's license:  Yes  No

Please list any endorsements: \_\_\_\_\_

If you are under eighteen years of age, can you provide proof of eligibility to work:  Yes  No

Are you legally eligible to work in the United States of America:  Yes  No

Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

Have you ever pleaded guilty or been found guilty of a crime or disorderly persons offense:  Yes  No

Employment is conditional upon the results of the criminal background check. An answer of "Yes" may disqualify you from employment depending upon the circumstances involved. If "Yes", please explain \_\_\_\_\_ below.

**Town of Summerton is an Equal Opportunity Employer MIF**

**Employment History:** This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No If no, explain why:			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No If no, explain why:			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No If no, explain why:			

**Personal History**

After training, could you perform the essential functions of the job for which you are applying?

\_\_\_ Yes \_\_\_ No

If no, explain \_\_\_\_\_

If no, what, if any, accommodation could be made so that you could perform the essential function?  
\_\_\_\_\_

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**Work Preferences and History**

Have you ever been or are you now engaged in a private business \_\_\_ Yes \_\_\_ No

If yes, list your capacity and give name of business \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? \_\_\_ Yes \_\_\_ No

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

Do you object to wearing a uniform? \_\_\_ Yes \_\_\_ No

Do you object to working overtime? \_\_\_ Yes \_\_\_ No

Do you object being away from home for long periods of time due to official duties? \_\_\_ Yes \_\_\_ No

Do you object to working rotating shifts? \_\_\_ Yes \_\_\_ No

Do you object to being on call every other weekend? \_\_\_ Yes \_\_\_ No

Would you relocate if needed? \_\_\_ Yes \_\_\_ No

Are you willing to travel for work? \_\_\_ Yes \_\_\_ No

If so, how many miles are you willing to travel? \_\_\_\_\_

**Criminal Record**

Have you ever been bonded? \_\_\_ Yes \_\_\_ No If yes, list jobs \_\_\_\_\_

Have you ever been placed on probation \_\_\_ Yes \_\_\_ No

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

Have you ever had any traffic violations? \_\_\_ Yes \_\_\_ No

If yes, list the violation, police agency, date, and disposition \_\_\_\_\_

Have you ever stolen anything? \_\_\_ Yes \_\_\_ No If yes, explain \_\_\_\_\_

Do you possess a driver's license issued by another state? \_\_\_ Yes \_\_\_ No

If yes, give state and number \_\_\_\_\_

Was your license ever suspended or revoked? \_\_\_ Yes \_\_\_ No

State \_\_\_\_\_ Reason \_\_\_\_\_ Date \_\_\_\_\_

If yes, give details \_\_\_\_\_

Were your driving privileges restored? \_\_\_ Yes \_\_\_ No Date Restored \_\_\_\_\_

Are your driving privileges restricted? \_\_\_ Yes \_\_\_ No

List restrictions: \_\_\_\_\_

Are you attempting to conceal any information about your background? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

**Comments:**

**Education:** Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

**Languages:** List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

List any Professional license(s) you hold that relate to this position:

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List any scholarships, academic honors, awards:

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List courses that you have taken that would particularly useful to the position for which you are applying:

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List training, skill, and experience you feel would especially fit you for work with our organization:

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Typing speed (WPM) \_\_\_\_\_

Shorthand Speed (WPM) \_\_\_\_\_

List equipment or office machines you can operate:

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Comments & Additional Information: Is there any additional information about you we should consider? \_\_\_\_\_

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**References:** Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:

**Understandings and Agreements:  
STATE OF SOUTH CAROLINA  
TOWN OF SUMMERTON**

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by the Town of Summerton, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize the Town of Summerton to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Town of Summerton and will hold the Town of Summerton and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made based on such information. I further authorize the Town of Summerton to obtain any credit and consumer check. I understand that the Town of Summerton will provide a separate Disclosure and Release required by the law that will permit the Town of Summerton to make such inquires through the services of a third party.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Town of Summerton is intended to create an employment contract between myself and the Town of Summerton under which my employment could be terminated only for cause. On the contrary I understand and agree that if hired; my employment will be terminable at will and may be terminated by the Town of Summerton at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form 1-9.

This the \_\_\_\_\_ day of

\_\_\_\_\_

\_\_\_\_\_ Signature of Applicant

### Voluntary Affirmative Action Information

You are not required to provide this information. Provide only if you wish.

\*\*\*If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program

#### Applicant Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

#### Position Applied For:

\_\_\_\_\_

How did you learn about this position?  Advertisement  Employment Agency  
 Friend  Relative  Walk-in  Other (Explain) \_\_\_\_\_

#### Information Regarding Status:

Gender:

Male  
 Female

Equal Employment Opportunity identification groups:

White  
 African-American (non-Hispanic)  
 Hispanic  
 American Indian/Alaskan native  
 Asian/Pacific Islander  
 Other

Other protected Groups:

Individual with a disability  
 Vietnam-era veteran (served between 1964 and 1975)  
 Disabled veteran

For Town of Summerton use only

Hired: Yes \_ No Position \_\_\_\_\_ Date \_\_\_\_\_

Which EEO job classification best describes the position for which the applicant applied?

1. Officials and Managers    4. Sales workers    7. Operators(semi-skilled)

2. Professionals    5. Office and clerical workers 8. Laborers (unskilled)

3. Technicians 6. Craft workers (skilled)    9. Service workers

Town of Summerton Official \_\_\_\_\_ Date \_\_\_\_\_

**This page for Town of Summerton use  
only! Results of interview**

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

New employee check list completed? Yes / No

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_



TOWN OF SUMMERTON

AUTHORIZATION TO INVESTIGATE

I \_\_\_\_\_, permit my present and past employers to divulge to this organization relevant personal information from my personnel file(s) they possess. I also authorize this organization to make any investigation of my personal history, financial and credit record through any investigative report whereby information is obtained through personal interviews with neighbors, friends, and other with whom I am acquainted.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_