

TOWN OF JEFFERSON
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

This application must be completed in full and signed. Incomplete or unassigned applications will not be considered. By filling out this application you are neither guaranteed an interview nor a job. The Town of Pamplico is an employment at will organization and, therefore, the employer or employee can terminate employment at any time without notice. Be aware that certain information contained in this completed job application may be subject to the **Freedom of Information Act**. If you are selected for an interview, you will be notified by the hiring department.

Position: (one per application)	Date of Application
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Last Name			First Name			Middle Name					
Address				City		State		Zip Code			
Home Telephone		Cell Phone #		Alternate Contact #			Email Address				
Referral Source			___ Job Service			___ Radio Ad			___ Town's Website		
___ Newspaper			___ Town's Jobline			___ Walk-in			___ Internet (site)		
___ TV Ad/Cable			___ Job Fair			___ Town Employee Referral (name)					

Have you ever been an employee of the Town of Jefferson? ___ Yes ___ No ___ I am currently a Town employee

If yes, _____

Department	Position	Dates:	From	To
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Do you have any relatives employed here? ___ Yes ___ No If yes, _____

Name	Department	Relation
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Are you able to provide proof that you are authorized to work in the United States? ___ Yes ___ No

Have you been convicted of a felony or plead "no contest" to a felony charge within the past seven years? ___ Yes ___ No

(Note: an answer of "Yes" does not necessarily mean you will not be considered for employment).

If yes, please specify date(s) and nature of offense(s): _____

AVAILABILITY

___ Immediately	Are you willing to work (check all that apply):	___ Inclement Weather	___ Outdoors
___ After two weeks notice	___ Full-Time (37.5 or more hours per week)	___ Temporary (no benefits)	___ Weekends
___ Other _____	___ Part-Time (Less than 37.5 hours per week)	___ Rotating Shifts	___ Holidays

EDUCATION Beginning with high school, provide information on all schools attended including universities, colleges, technical schools and trade schools.

Name and State of School	Circle Highest Level Completed	Degree	Major
High School	9 10 11 12		
Trade/Technical School	1 2 3 4		
Undergraduate School	1 2 3 4 5		
Graduate School/Post-Graduate School	1 2 3 4 5 6		

List any Professional or Trade Certifications that you have.	Name of Certification	Issuing Organization	Issue Date	Expiration Date

FORMAL TRAINING You may be required to provide verification.

Name of Training	Presented by	Date(s)	Completed?
			___ Yes ___ No
Town of Jefferson			___ Yes ___ No

The Town of Jefferson is an Equal Opportunity Employer. All applicants are considered for employment without regard to color, race, sex, religion, age, national origin, marital status, veteran status disability. If you believe that you have been discriminated against for these reasons on consideration of your application, please notify Town Clerk, Town of Jefferson, PO Box 306, Jefferson, SC 29718. It is also your right to notify the Equal Employment Opportunity Commission, Office of Federal Contract Compliance Programs or any appropriate local or state agency of your complaint.

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EMPLOYMENT EXPERIENCE

List jobs starting with your **present or most recent job**. Include any military experience. Account for all employment/educational activity within the last 7 years. A Resume may be attached but does not take the place of this form. If you need more space, please attach a separate sheet or an *Additional Employment Experience* form.

Company Name	Telephone ()	Dates Employed From To
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties	Reason for Leaving	
	Start Salary	End Salary

List tools, equipment and computer software utilized in this position.

Company Name	Telephone	Dates Employed From To
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties	Reason for Leaving	
	Start Salary	End Salary

List tools, equipment and computer software utilized in this position.

Company Name	Telephone	Dates Employed From To
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties	Reason for Leaving	
	Start Salary	End Salary

List tools, equipment and computer software utilized in this position.

SKILLS

Typing/Word Processing	Indicate the number of words per minute you can type without error:
Computer Software	Indicate the types of software you are skilled in using: <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> Internet
Telephone Experience	Have you operated a multi-line phone? <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Lines? Years of Experience?
Drivers' License	Do you have a Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Valid Commercial Driver's License (CDL)? <input type="checkbox"/> No Permit Class A Class B

YOU MUST SIGN THIS APPLICATION, READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any reference checks as well as the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If selected for employment, I further understand that my employment is contingent upon passing a pre-employment physical, background investigation and/or a drug test. I also understand and acknowledge that all employees of the town are employees-at-will who may quit at any time for any reason and who may be terminated at any time for any or no reason.

Signature of Applicant _____ **Date** _____