



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?

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:

List any scholarships, academic honors, awards:

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

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

Typing speed (WPM)_____

Shorthand Speed (WPM)_____

List equipment or office machines you can operate:

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

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

MAYOR

PUBLIC WORKS DIRECTOR

MAC BAGNAL

AUTHORIZATION TO INVESTIGATE

I _____, Permit my present and prior 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 _____

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