



Application For Employment

DATE _____

PERSONAL INFORMATION

NAME(LAST, MIDDLE, FIRST)

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CONTACT PHONE NUMBER _____ REFERRED BY _____

(____) _____
 POSITION _____ DATE YOU CAN START _____ DESIRED SALARY _____

ARE YOU PRESENTLY EMPLOYED? PLEASE CIRCLE YES NO
 IF YES CAN WE CONTACT YOUR PRESENT EMPLOYER? PLEASE CIRCLE YES NO
 \$ _____

EDUCATION HISTORY

HIGH SCHOOL _____ DID YOU GRADUATE? (PLEASE CIRCLE) YES NO

COLLEGE _____ DID YOU GRADUATE? (PLEASE CIRCLE) YES NO

TRADE SCHOOLS _____ COURSE OF STUDY YES NO

FORMER EMPLOYERS

| | | |
|--------------------|--------------------|-------------------|
| DATE- MONTH & YEAR | NAME & ADDRESS | SALARY / POSITION |
| _____ | _____ | _____ / _____ |
| CONTACT # | REASON FOR LEAVING | |
| _____ | _____ | |

| | | |
|--------------------|--------------------|-------------------|
| DATE- MONTH & YEAR | NAME & ADDRESS | SALARY / POSITION |
| _____ | _____ | _____ / _____ |
| CONTACT # | REASON FOR LEAVING | |
| _____ | _____ | |

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| _____ | _____ | |

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|--------------------|--------------------|-------------------|
| DATE- MONTH & YEAR | NAME & ADDRESS | SALARY / POSITION |
| _____ | _____ | _____ / _____ |
| CONTACT # | REASON FOR LEAVING | |
| _____ | _____ | |

REFERENCES

| NAME | CONTACT # | INDUSTRY | YEARS KNOWN |
|-------|-----------|----------|-------------|
| _____ | _____ | _____ | _____ |
| NAME | CONTACT # | INDUSTRY | YEARS KNOWN |
| _____ | _____ | _____ | _____ |
| NAME | CONTACT # | INDUSTRY | YEARS KNOWN |
| _____ | _____ | _____ | _____ |
| NAME | CONTACT # | INDUSTRY | YEARS KNOWN |

APPLICANTS WILL NEED TO HAVE THE FOLLOWING CURRENT AND ON THEIR PERSON AT TIME OF INTERVIEW.....DO NOT OBTAIN UNTIL REQUESTED TO DO SO AS THEY ARE TIME SENSATIVE

10 YEAR DMV MVR

(IF YOU HAVE NOT LIVED IN SC FOR 10 YEARS YOU MUST CONTACT THE OTHER STATES YOU HAVE LIVED IN AND PROVIDE RECORDS)

SLED BACK GROUND CHECK _____

CURRENT DOCTORS PHYSICAL _____

COPY OF SC DRIVERS LICENSE _____

OTHER SKILLS--- CPR CERTIFIED, LAW ENFORCEMENT, CDL, ECT.....PLEASE LIST

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company for all liability for damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for and specified period of time, or to make and agreement contrary to the foregoing, unless it is in writing and signed by and authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws”

DATE _____ SIGNATURE _____
DO NOT WRITE BELOW THIS LINE

Remarks _____

Neatness _____ Character _____

Hired _____ Position _____ Salary _____
YES NO _____

Approved by _____ Date _____

