

TOWN OF GRAY COURT



Gray Court, S.C. 29645

APPLICATION FOR EMPLOYMENT

NAME LAST FIRST MIDDLE

ADDRESS CITY STATE ZIP

PHONE ( ) - BUSINESS PHONE ( ) -

Are you over 18? Yes [ ] No [ ] SOCIAL SECURITY NO. - -

Law Enforcement Applicants Only: Are you 21 or older? Yes [ ] No [ ]

This Organization Does Not Discriminate On The Basis of Race, Color, National Origin, Sex Religion, Age, And Handicapped Status In Employment Or The Provision of Services.

Are you a U.S. Citizen? Yes [ ] No [ ] (If no, proof of citizenship or immigration status may be required upon employment.)

Date You Can Start Work: Minimum Acceptable Salary:

Check The Following Types Of Work You Would Accept: Full Time [ ] Part-Time [ ] Temporary [ ] Rotating Shift [ ]

List The Postition Or Types of Positions You Are Applying For:

Four horizontal lines for listing positions.

Clerical Skills:

Typing WPM CRT [ ] Dictaphone [ ] Shorthand WPM PBX [ ] Word Processor [ ]

List Any Other Types Of Office Equipment You Can Operate:

Four horizontal lines for listing other office equipment.

Have you been convicted of or pled guilty to a crime other than a minor traffic violation within the last seven years?

Yes [ ] No [ ]

If Yes, give date, place, charge, and disposition: \_\_\_\_\_

Have you ever been bonded? Yes [ ] No [ ]

Do you have a valid driver's license? Yes [ ] No [ ]

If Yes, License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Do you have a valid Commercial Driver License (CDL)? Yes [ ] No [ ]

If Yes, License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Is your License? Class A [ ], Class B [ ], Class C [ ]

What endorsements do you have? Hazardous Materials [ ], Tanker [ ], Passenger [ ],  
Double/Triple Trailer [ ]

Are you registered or licensed for a profession in South Carolina? Yes [ ] No [ ]

If Yes, Profession/Craft \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 7 8

Do you have A High School Diploma or GED? Yes [ ] No [ ]

Name and Location of School	From - To	Graduated?	Degree and Major
High School(s)			
Technical/Trade			
College(s)			

List any special courses of training you have had: \_\_\_\_\_

Are you certified or trained in a specific skill such as CPR? Yes [ ] No [ ]

Certifications: \_\_\_\_\_

MILITARY HISTORY

Branch of Service: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Rank Of Entry: \_\_\_\_\_ Rank on Discharge: \_\_\_\_\_

List any specialized training you received: \_\_\_\_\_  
\_\_\_\_\_

WORK HISTORY

Are you employed now? Yes [ ] No [ ]

If Yes, may we contact your present employer? Yes [ ] No [ ]

Please List your work history beginning with your most recent position.

Name of Company: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Work Phone No. (\_\_\_\_\_) \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasoning For Leaving: \_\_\_\_\_  
  
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Name of Company: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Work Phone No. (\_\_\_\_\_) \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_

Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasoning For Leaving: \_\_\_\_\_  
  
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Name of Company: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Work Phone No. (\_\_\_\_\_) \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reasoning For Leaving: \_\_\_\_\_

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Name of Company: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Work Phone No. (\_\_\_\_\_) \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reasoning For Leaving: \_\_\_\_\_

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List three references who are not relatives or previous supervisors:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1)	_____		
2)	_____		
3)	_____		

CERTIFICATE OF APPLICANT: I hereby declare the information provided by me in this application for employment is true, correct and complete. I understand that is employed, any misstatement or omission of fact may result in my being disqualified or my being discharged. I also understand I may be required to pass a medical examination or testing requirements as a condition of employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_