

APPLICATION FOR EMPLOYMENT

TOWN OF SULLIVAN'S ISLAND
 1610 Middle Street
 P.O. Box 427
 Sullivan's Island, SC 29482
 Phone: (843) 883-3198
 Fax: (843) 883-3009

NAME: _____
 POSITION: _____
 DATE: ____/____/____

We consider applicants for all positions without regard to race, color, religion, sex, marital status, national origin, age, disability, marital or veteran status, or any other legally prohibited basis.

(PLEASE PRINT)

| | |
|--|--------------------------------------|
| Position(s) Applied For | Date of Application |
| How Did You Learn About Us? | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative |
| | <input type="checkbox"/> Inquiry |
| | <input type="checkbox"/> Other _____ |

| | | |
|---------------------|------------------------|-------------|
| Last Name | First Name | Middle Name |
| Address | Number | Street |
| | City | State |
| | | Zip Code |
| Telephone Number(s) | Social Security Number | |

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
 If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION Town of Sullivan's Island, South Carolina

| School | Name and Address of School | Course of Study | Years Completed | Diploma / Degree |
|------------------------|----------------------------|-----------------|-----------------|------------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/ Professional | | | | |
| Other (Specify) | | | | |

WORK EXPERIENCE

Start with your present or last job, include any job-related military service assignments and volunteer activities. You may exclude organizations which discriminate on the basis of race, religion, gender, national origin, disability, or other protected status.

| | | | |
|----------------------------|---------------------------|-------|--|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| Starting/Present Job Title | Starting | Final | |
| Supervisor | | | |
| Reason for Leaving | May We Contact? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------|---------------------------|-------|--|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| Starting/Present Job Title | Starting | Final | |
| Supervisor | | | |
| Reason for Leaving | May We Contact? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------|---------------------------|-------|--|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| Starting/Present Job Title | Starting | Final | |
| Supervisor | | | |
| Reason for Leaving | May We Contact? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------|---------------------------|-------|--|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| Starting/Present Job Title | Starting | Final | |
| Supervisor | | | |
| Reason for Leaving | May We Contact? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments: Include explanation of any gaps in employment.

| |
|--|
| |
| |
| |

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

| |
|--|
| |
| |
| |

Describe any job-related training received in the United States military.

| |
|--|
| |
| |
| |

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

| |
|--|
| |
| |

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

| |
|--|
| |
| |
| |

SPECIALIZED SKILLS (Skills/Equipment Operated)

| | | | |
|-------------------------------------|--|---------------------------------------|--------------|
| <input type="checkbox"/> Terminal | <input type="checkbox"/> Spreadsheet | Production/Mobile Machinery (list) | Other (list) |
| <input type="checkbox"/> PC/MAC | <input type="checkbox"/> Word Processing | | |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Shorthand | | |
| WPM _____ | WPM _____ | | |

State any additional information you feel may be helpful to us in considering your application.

| |
|--|
| |
| |
| |

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___ YES ___ NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

| Name | Phone Number | Best Time to Call | Occupation |
|------|--------------|-------------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



Town of Sullivan's Island, South Carolina

Pre-Employment Inquiry Release

In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquires are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from Acxiom Information Security Services (AISS), 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experiences.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information:

| | | |
|-----------------------|----------------|------------------------|
| Applicant Name | Date of Birth* | Social Security Number |
| Alias/Maiden Name(s) | | |
| Current Address | City & State | Zip Code |
| Drivers License # | State | Prospective Employer |
| Applicant's Signature | | Date |

***Date of Birth is being requested in order to obtain accurate retrieval of records.**

_____ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy direct from AISS. California applicants may receive a copy from either the prospective employer or AISS.

Notice to California Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.