

Last Name:

First:

MI:

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## Application for Employment:

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date: \_\_\_\_\_

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Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Social Security: \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Are you looking for full-time employment?  Yes  No

In no, what hours are you available? \_\_\_\_\_

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes  No If yes, please describe conditions: \_\_\_\_\_

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## Employment Desired:

Position applied for: \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

Have you ever applied for employment here?  Yes  No

When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been employed by this company?  Yes  No

When? \_\_\_\_\_ Where? \_\_\_\_\_

Are you presently employed?  Yes  No May we contact your employer?  Yes  No

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Are you available for full-time work?    Yes    No    Part-time work?    Yes    No

Will you relocate?  Yes  No    Willing to travel?  Yes  No    **If yes what percent?** \_\_\_\_\_

Date you can start: \_\_\_\_\_ Desired position: \_\_\_\_\_

Desired starting salary: \_\_\_\_\_

Please list applicable skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education

School Name and Location

Year

Major

Degree

High School \_\_\_\_\_

College \_\_\_\_\_

Post-College \_\_\_\_\_

Other Training \_\_\_\_\_

In addition to your work history, are there any other skills, qualifications, or experience that we should consider? \_\_\_\_\_

\_\_\_\_\_

Please list any scholastic honors received and offices held in school. \_\_\_\_\_

\_\_\_\_\_

Are you planning to continue your studies?  Yes  No

If yes where and what courses of study? \_\_\_\_\_

\_\_\_\_\_

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## Employment History (start with most recent employer)

**Company Name** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

Responsibilities/ Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Company Name** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

Responsibilities/ Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Company Name** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

Responsibilities/ Duties \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Last Name: \_\_\_\_\_

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**Company Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date Started** \_\_\_\_\_ **Starting Wage** \_\_\_\_\_ **Starting Position** \_\_\_\_\_

**Date Ended** \_\_\_\_\_ **Ending Wage** \_\_\_\_\_ **Ending Position** \_\_\_\_\_

**Name of Supervisor** \_\_\_\_\_ **May we contact?**  Yes  No

**Responsibilities/ Duties** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

## References

List three personal references, not related to you, who have known you for more than one year.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Years Known** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Years Known** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Years Known** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

## Emergency Contact

In case of emergency, please notify: \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

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**Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

If I am approved for employment by the company, I must provide the company a current MVR showing a safe driving record before I can start.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete this form and fax to the desired location of employment:**

6217 Two Notch Road ~ Columbia, SC 29223 Ph. 803-786-1160 Fax: 803-786-4693

3750 Fernandina Road ~ Columbia, SC 29210 Ph. 803-750-7050 Fax: 803-750-7131