

# Town of St. George

## Employment Application

An Equal Opportunity Employer

This application must be completed in full and signed. Incomplete or unsigned applications will not be considered. By filling out this application you are neither guaranteed an interview nor a job. The Town of St. George is an employment at will organization and, therefore, has no permanent employees. If you are selected for an interview, you will be notified by Town Hall or the Department Head.

**Mailing Address: Town of St. George, Employment Search, 305 Ridge St., St. George, SC 29477**  Fax# (843) 563-8238

Position Applied For:			Date of Application
Last Name	First Name	Middle Name	Telephone Number(s)
Address		City	State Zip
Referral Source	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Job Service	<input type="checkbox"/> Town Employee
	<input type="checkbox"/> Job Line	<input type="checkbox"/> Internet	<input type="checkbox"/> Walk-In

Are you currently a Town of St. George employee?  Yes  No If yes, specify dept. \_\_\_\_\_

Are you able to provide proof that you are authorized to work in the United States?  Yes  No

Have you been employed here before?  Yes  No If yes, Position Dates \_\_\_\_\_

Do you have any relatives employed here?  Yes  No If yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_

Have you been convicted of anything other than a minor traffic offense?  Yes  No

If yes, please specify date(s) and nature of offense(s): \_\_\_\_\_

Do you have a valid Driver's License?  Yes  No State/License Number: \_\_\_\_\_

**AVAILABILITY** Date available to begin work: \_\_\_\_\_

Are you willing to work (check all that apply):		
<input type="checkbox"/> Full-Time (40 or more hours per week)	<input type="checkbox"/> Part-Time (Less than 30 hours per week)	
<input type="checkbox"/> Temporary	<input type="checkbox"/> Rotating Shifts	<input type="checkbox"/> Weekends

**EDUCATION** Beginning with High School, provide information on all schools attended including colleges, special courses and trade schools.

Name and Location of School	Did you Graduate?	Completion Date	Name of Degree or Certificate	Major/Minor
	Yes No			
	Yes No			
	Yes No			
	Yes No			

List any special training, skills, certifications or volunteer experience that may be pertinent to the job for which you are applying:

**The Town of St. George is an Equal Opportunity Employer. All applicants are considered for employment without regard to color, race, sex, religion, age, national origin, marital status, veteran status or disability. If you believe you have been discriminated against for any of these reasons on consideration of your application, please notify the Town Clerk Treasurer, Town of St. George 305 Ridge St., St. George, SC 29477. It is also your right to notify the Equal Employment Opportunity Commission, Office of Federal Contract Compliance Programs or any appropriate local or state agency of your complaint.**

**Employment Experience** List jobs starting with your **present or most recent job**. Include any military experience. A Resume may be attached but does not take the place of this form. If you need more space please attach a separate sheet.

May we contact your present employer?  Yes  No

Company Name	Telephone ( )	Dates Employed From To
Address		Number of Hours worked per week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties		Reason for Leaving
Company Name	Telephone ( )	Dates Employed From To
Address		Number of Hours worked per week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties		Reason for Leaving
Company Name	Telephone ( )	Dates Employed From To
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Describe Duties		Reason for Leaving
Company Name	Telephone ( )	Dates Employed From To
Address		Number of Hours worked per week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties		Reason for Leaving

**REFERENCES** Provide the names of three work-related references other than relatives:

Name	Address	Phone #	Years Known

**YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.**

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any reference checks, background and criminal checks needed to establish my suitability for hire, including a background financial investigation as authorized under the Fair Credit Reporting Act if I have applied for a position which includes the handling of money, I further authorize the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If selected for employment, I further understand that certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Town invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. We ask for your cooperation in completing and returning the following information. This form will be separated from your application and not used in the screening or interviewing processes.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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• *Not for Interview Purposes* •

**The Town of St. George is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations.** In order to comply with these laws, the Town invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. We ask for your cooperation in completing and returning the following information. This form will be separated from your application and not used in the screening or interviewing processes.

Full Name		Social Security Number	Date of Birth
Address		Telephone Number	
Driver's License/ CDL Number	State where issued /Date issued	Do you have a Class A or B Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If not, do you have a CDL Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Female  <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Two or more races (Not Hispanic or Latino)	Check one, if applicable: <input type="checkbox"/> Disabled Individual <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Veteran
Position Applied For:			

I hereby authorize any city, county, state or federal agency, department or bureau to release any information in their files under the above name. I understand and realize that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I further release all personnel whomever from any liability arising out of or resulting from the release of this information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE TO INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS AND VIETNAM ERA VETERANS**

Federal government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and section 503 of the Rehabilitation Act of 1973, as amended, which requires the same of qualified disabled individuals.

If you are a disabled veteran or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will not adversely affect any consideration you may receive for employment.

If you wish to be identified, sign here: \_\_\_\_\_

*Please Do Not Write Below This Line*

Warrant:	<input type="checkbox"/> No Warrant Found	<input type="checkbox"/> Active Warrant Indicated
Local Record:	<input type="checkbox"/> No Record Found	<input type="checkbox"/> Prior Record ( <i>Please Attach</i> )
DL#:	<input type="checkbox"/> Status Clear	<input type="checkbox"/> Status Suspended
Signature of Person Conducting Check:		Date: