

**NOTICE TO APPLICANTS  
AND EMPLOYEES**

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.



P.O. Box 400  
Port Royal, SC 29935  
(843) 522-3955  
(843) 521-9885 Fax

# APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Referral Source (How did you hear about us?) \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? .....  Yes  No

If **no**, please explain \_\_\_\_\_

Have you ever been employed here before? If **yes**, give dates and positions \_\_\_\_\_  Yes  No

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? ..... \$ \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal

Driver's License number if driving may be required in position for which you are applying \_\_\_\_\_ State \_\_\_\_\_

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? .....  Yes  No

If **yes**, please provide date(s) and details \_\_\_\_\_

## SKILLS AND QUALIFICATION

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. \_\_\_\_\_

## EDUCATION BACKGROUND

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended \_\_\_\_\_  
(NAME) (City)

**EMPLOYMENT HISTORY**

Starting with the most recent employer, provide the following.

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	

**APPLICANT STATEMENT  
TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (General inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 Company.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature