

**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