

TOWN OF PAMPLICO
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

This application must be completed in full and signed. Incomplete or unassigned applications will not be considered. By filling out this application you are neither guaranteed an interview nor a job. The Town of Pamplico is an employment at will organization and, therefore, the employer or employee can terminate employment at any time without notice. Be aware that certain information contained in this completed job application may be subject to the Freedom of Information Act. If you are selected for an interview, you will be notified by the hiring department.

Position: (one per application)	Date of Application
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Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Home Telephone	Cell Phone #	Alternate Contact #	Email Address
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Referral Source	<input type="checkbox"/> Job Service <input type="checkbox"/> Town's Jobline <input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio Ad <input type="checkbox"/> Walk-In <input type="checkbox"/> Job Fair	<input type="checkbox"/> Town's Website <input type="checkbox"/> Internet (site) <input type="checkbox"/> Town Employee Referral (name)
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Have you ever been an employee of the Town of Pamplico? Yes No I am currently a Town employee

If yes, Department _____ Position _____ Dates: From _____ To _____

Do you have any relatives employed here? Yes No If yes, Name _____ Department _____ Relation _____

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

Have you been convicted of a felony or plead "no contest" to a felony charge within the past seven years? Yes No
 (Note: an answer of "Yes" does not necessarily mean you will not be considered for employment).
 If yes, please specify date(s) and nature of offense(s): _____

AVAILABILITY

<input type="checkbox"/> Immediately <input type="checkbox"/> After two weeks notice <input type="checkbox"/> Other _____	Are you willing to work (check all that apply): <input type="checkbox"/> Full-Time (37.5 or more hours per week) <input type="checkbox"/> Part-Time (Less than 37.5 hours per week)	<input type="checkbox"/> Inclement Weather <input type="checkbox"/> Temporary (no benefits) <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Outdoors <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays
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EDUCATION Beginning with high school, provide information on all schools attended including universities, colleges, technical schools and trade schools.

Name and State of School	Circle Highest Level Completed	Degree	Major
High School	9 10 11 12		
Trade/Technical School	1 2 3 4		
Undergraduate School	1 2 3 4 5		
Graduate School/Post-Graduate School	1 2 3 4 5 6		

List any Professional or Trade Certifications that you have.

	Date

FORMAL TRAINING You may be required to provide verification.

Name of Training	Presented by	Date(s)	Completed?
Town of Pamplico			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

The Town of Pamplico 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 disability. If you believe that you have been discriminated against for these reasons on consideration of your application, please notify Director of Human Resources, Town of Pamplico, PO Box 296, Pamplico, SC 29583. 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. Account for all employment/educational activity within the last 7 years. A Resume may be attached but does not take the place of this form. If you need more space, please attach a separate sheet or an *Additional Employment Experience* form.

Company Name		Telephone	Dates Employed	
Address		()	From	To
			___ Full-Time	
			___ Part-Time	
Job Title	Name of Supervisor		May we contact this employer?	
			___ Yes ___ No	
Describe Duties		Reason for Leaving		
		Start Salary	End Salary	
List tools, equipment and computer software utilized in this position.				
Company Name		Telephone	Dates Employed	
Address			From	To
			___ Full-Time	
			___ Part-Time	
Job Title	Name of Supervisor		May we contact this employer?	
			___ Yes ___ No	
Describe Duties		Reason for Leaving		
		Start Salary	End Salary	
List tools, equipment and computer software utilized in this position.				
Company Name		Telephone	Dates Employed	
Address			From	To
			___ Full-Time	
			___ Part-Time	
Job Title	Name of Supervisor		May we contact this employer?	
			___ Yes ___ No	
Describe Duties		Reason for Leaving		
		Start Salary	End Salary	
List tools, equipment and computer software utilized in this position.				

SKILLS

Typing/Word Processing	Indicate the number of words per minute you can type without error:
Computer Software	Indicate the types of software you are skilled in using: ___ Windows ___ Word ___ Excel ___ PowerPoint ___ Access ___ Outlook ___ Internet
Telephone Experience	Have you operated a multi-line phone? ___ Yes ___ No No. of Lines? ___ Years of Experience? ___
Drivers' License	Do you have a Valid Driver's License? ___ Yes ___ No Do you have a Valid Commercial Driver's License (CDL)? ___ No ___ Permit ___ Class A ___ Class B

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 as well as 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 my employment is contingent upon passing a pre-employment physical, background investigation and/or a drug test. I also understand and acknowledge that all employees of the town are employees-at-will who may quit at any time for any reason and who may be terminated at any time for any or no reason.

Signature of Applicant _____

Date _____

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EEO Information

*** Not for Interviewing or Screening Purposes ***

In accordance with Equal Employment laws, we are required to maintain statistical data on all applicants. 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.

Name		Social Security No.	Date of Birth
Address			Telephone Number
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Check one, if applicable: <input type="checkbox"/> Disabled Individual <input type="checkbox"/> Disabled Veteran	Please identify your race/ethnic category: <input type="checkbox"/> American Indian or Alaskan Native <small>(original peoples of N. America who maintain cultural identification through tribal affiliation or community recognition)</small> <input type="checkbox"/> Asian or Pacific Islander <small>(original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands)</small> <input type="checkbox"/> Hispanic <small>(all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race)</small> <input type="checkbox"/> Black (not of Hispanic origin) <small>(all persons having origins in any of the Black racial groups of Africa)</small> <input type="checkbox"/> White (not of Hispanic origin) <small>(all persons having origins in any of the original peoples of Europe, North Africa or the Middle East)</small> <input type="checkbox"/> Other (specify)	
Position Applied For:			
Where did you learn about this job opening?			
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Job Service		
<input type="checkbox"/> Radio Ad	<input type="checkbox"/> JobLine		
<input type="checkbox"/> TV Ad/Cable	<input type="checkbox"/> Walk-in		
<input type="checkbox"/> City's Website	<input type="checkbox"/> Job Fair		
<input type="checkbox"/> Internet (site) _____			
City Employee Referral (employee's name) _____			

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 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: _____