

**TOWN OF PAMPICO**  
**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 Pampico 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	
Last Name		First Name	Middle Name
Address		City	State Zip Code
Home Telephone	Cell Phone #	Alternate Contact #	Email Address
Referral Source	<input type="checkbox"/> Job Service	<input type="checkbox"/> Radio Ad	<input type="checkbox"/> Town's Website
	<input type="checkbox"/> Town's Jobline	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Internet (site)
<input type="checkbox"/> Newspaper	<input type="checkbox"/> TV Ad/Cable	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Town Employee Referral (name)

Have you ever been an employee of the Town of Pampico?  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	Are you willing to work (check all that apply):	<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> Outdoors
<input type="checkbox"/> After two weeks notice		<input type="checkbox"/> Full-Time (37.5 or more hours per week)	<input type="checkbox"/> Temporary (no benefits)
<input type="checkbox"/> Other _____		<input type="checkbox"/> Part-Time (Less than 37.5 hours per week)	<input type="checkbox"/> Rotating Shifts
			<input type="checkbox"/> Holidays

**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.	Name of Certification	Issue Date	Expiration Date

**FORMAL TRAINING** You may be required to provide verification.

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

The Town of Pampico 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 Pampico, PO Box 296, Pampico, 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 From To	
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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 From To	
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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 From To	
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> Internet		
Telephone Experience	Have you operated a multi-line phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Lines? _____	Years of Experience? _____
Drivers' License	Do you have a Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Do you have a Valid Commercial Driver's License (CDL)? <input type="checkbox"/> No <input type="checkbox"/> Permit <input type="checkbox"/> Class A <input type="checkbox"/> 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 \_\_\_\_\_

**TOWN OF PAMPLICO**  
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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	<input type="checkbox"/> Vietnam Vet.	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 of 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: \_\_\_\_\_



# PAMPLICO POLICE DEPT.

Mayor  
D. Marshall Munn

201 River Rd.  
P.O. Box 296  
Pamplico, SC 29583

Commissioner of Police  
Pamela M. Turner

Town Administrator

Howard Garland

(843) 493-6000 Phone (PD)  
(843) 493-5551 Phone  
(843) 493-9106 Fax

Chief of Police

Chadburn E. Reid

Clerk-Treasurer  
Vanessa Munn

[creid.pd@pamplico.org](mailto:creid.pd@pamplico.org)

The following documents shall accompany all applications for employment with the Police Department for the Town of Pamplico.

- (1) Copy of Birth Certificate
- (2) Copy of High School Diploma
- (3) Copy of Drivers License
- (4) A Certified Highway Department Driving Record for the previous 10 years.
- (5) A copy of Academy Certification (if applicable)
- (6) Military DD-214 (if applicable)

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(843) 493-6000 Phone (PD)  
(843) 493-5551 Phone  
(843) 493-9106 Fax

Chief of Police  
Chadburn E. Reid  
[creid.pd@pamplico.org](mailto:creid.pd@pamplico.org)

## Authorization for Release of Records

In order to determine my suitability for employment, the Pamplico Police department is conducting a personal background investigation.

I, \_\_\_\_\_, do hereby authorize any Military Organization, Doctors, Insurance Companies, Educational Institutions, Government Agencies, Banks, Credit Agencies, Former Employers, and individuals to furnish to the Pamplico Police Department any or all available information regarding me, whether or not it is documented or recorded.

I hereby release \_\_\_\_\_ from any Civil and / or Criminal Liability whatsoever related to this release. This is in compliance with all provisions of the Privacy Act of 1974.

\_\_\_\_\_  
Signature

Sworn and Subscribed before me,

SSN: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, **20** \_\_\_\_\_

DLN: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Notary Public of South Carolina

My Commission expires: \_\_\_\_\_