



Town of Aynor

600 South Main Street
P.O. Box 66
Aynor, SC 29511
ljohnson@townofaynor.gov

Telephone
(843) 358-6231
Fax (843) 358-0754

The Town of Aynor is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Please fill out sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

What days are you available for work? _____

What hours or shifts are you available for work? _____

If needed, are you available to work overtime? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Salary desired? _____

Personal Information

Have you ever applied to or worked for The Town of Aynor? ____ Yes ____ No

If yes, when? _____

Do you have friends, relatives working for The Town of Aynor? ____ Yes ____ No

If yes, state name and relationship: _____

Are you 18 years of age or older? ____ Yes ____ No

Are you a US citizen or approved to work in the United States? ____ Yes ____ No

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

Do you currently hold a CDL Driver's License? _____ Yes _____ No

If yes, please state what class, endorsements and restrictions.

At-Will Employment

The relationship between you and The Town of Aynor is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, from you or The Town of Aynor. No representative of The Town of Aynor has authority to enter into any agreement contrary to the forgoing "employment at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status.

Applicant Signature: _____ Dated: _____

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

What Document can you provide as proof of citizenship or legal status? _____

Will you consent to a mandatory controlled substance test? ____ Yes ____ No

Do you have any condition which would require job accommodations? ____ Yes ____ No

If yes, please describe accommodations required. _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? ____ Yes ____ No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment sole on the grounds of conviction of a criminal offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please List below the skills and qualifications you possess for the position for which you are applying:

(Note: The Town of Aynor complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned