Town of St. George

Employment Application

An Equal Opportunity Employer

This application must be completed in full and signed. Incomplete or unsigned applications will not be considered. By filling out this application you are neither guaranteed an interview nor a job. The Town of St. George is an employment at will organization and, therefore, has no permanent employees. If you are selected for an interview, you will be notified by Town Hall or the Department Head.

Mailing Address: Town of St. George, Employment Search, 305 Ridge St., St. George, SC 29477 ☐Fax# (843) 563-8238

Position Applied For: (one position per application)			Date of Application
Last Name	First Name	Middle Name	Telephone Number(s)

Address	City	State	Zip

Referral Source	___ Advertisement	___ Job Service	___Town Employee	___Walk-In
	___ JobLine	___ Internet	___ Other (specify below)	

Are you currently a Town of ST. George employee? ___ Yes ___ No If yes, specify dept. _____

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

Have you been employed here before? ___ Yes ___ No If yes, Position Dates _____

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

Have you been convicted of anything other than a minor traffic offense? ___ Yes ___ No

If yes, please specify date(s) and nature of offense(s):_____

Do you have a valid Driver's License? ___ Yes ___ No State/License Number: _____

AVAILABILITY Date available to begin work: _____

Are you willing to work (check all that apply):		
____ Full-Time (40 or more hours per week)	___ Part-Time (Less than 30 hours per week)	
___ Temporary	___ Rotating Shifts	___ Weekends

EDUCATIONS Beginning with High School provide information on all schools attended including colleges, special courses and trade schools.

Name and Location of School	Did you Graduate?	Completion Date	Name of Degree or Certificate	Major/Minor
	___Yes___ No			
	___Yes___ No			
	___Yes___ No			
	___Yes___ No			
List any special training, skills, certifications or volunteer experience that may be pertinent to the job for which you are applying:				

The Town of St. George 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 or disability. If you believe you have been discriminated against for any of these reasons on consideration of your application, please notify the Town Clerk Treasurer, Town of St. George 305 Ridge St. St. George, SC 29477. 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. A Resume may be attached but does not take the place of this form. If you need more space please attach a separate sheet.

May we contact your present employer? ____Yes ____No

Company Name	Telephone ( )	Dates Employed From To
Address		Number of Hours worked per week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties		Reason for Leaving
Company Name		
Address	Telephone ( )	Dates Employed From To
Job Title		Number of Hours worked per week
Describe Duties	Name of Supervisor	Hourly Rate Start Last
		Reason for Leaving
Company Name		
Address	Telephone ( )	Dates Employed From To
Job Title		Number of Hours worked per week
Describe Duties	Name of Supervisor	Hourly Rate Start Last
		Reason for Leaving
Company Name		
Address	Telephone ( )	Dates Employed From To
Job Title		Number of Hours worked per week
Describe Duties	Name of Supervisor	Hourly Rate Start Last
		Reason for Leaving

REFERENCES Provide the names of three work-related references other than relatives:

Name	Address	Phone #	Years Known

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, background and criminal checks needed to establish my suitability for hire, including a background financial investigation as authorized under the Fair Credit Reporting Act if I have applied for a position which includes the handling of money. I further authorize 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 certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Town invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. 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.

Signature of Applicant _____ Date Applied_____

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• Not for Interview Purposes •

The Town of St. George is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Town invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. 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.

<table>
<tr><td colspan="2">Name</td><td>Social Security Number</td><td>Date of Birth</td></tr>
<tr><td colspan="3">Address</td><td>Telephone Number</td></tr>
<tr><td>Driver's License/
CDL Number</td><td>State where issued/Date issued</td><td>Do you have a Class A or B Commercial Driver's License?
If no, do you have a CDL Permit?</td><td>☐ Yes ☐ No
☐ Yes ☐ No</td></tr>
<tr><td>☐ Female

☐ Male</td><td>☐ American Indian
☐ Asian
☐ Native Hawaiian or Other Pacific Islander</td><td>☐ Black/African American
☐ White
☐ Hispanic or Latino
☐ Two or more races
(Not Hispanic or Latino)</td><td>Check one, if applicable:

☐ Disabled Individual
☐ Disabled Veteran
☐ Vietnam Veteran</td></tr>
<tr><td colspan="3">Position Applied For:</td><td></td></tr>
</table>

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 Era; and section 503 of the Rehabilitation Act of 1973, as amended, which requires the same of qualified disabled 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: _____

Please Do Not Write Below This Line

<table>
<tr><td>Warrant:</td><td>☐ No Warrant Found</td><td>☐ Active Warrant Indicated</td></tr>
<tr><td colspan="3">_____</td></tr>
<tr><td>Local Record:</td><td>☐ No Record Found</td><td>☐ Prior Record (Please Attach)</td></tr>
<tr><td colspan="3">_____</td></tr>
<tr><td>DL#:</td><td>☐ Status Clear</td><td>☐ Status Suspended</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td colspan="3">Signature of Person Conducting Check:</td></tr>
</table>