

**TOWN OF JOHNSTON
APPLICATION FOR EMPLOYMENT**

NAME: _____

ADDRESS: _____

PHONE: _____ BUSINESS PHONE: _____

Are you over 18? Yes () No () SOCIAL SECURITY NO: _____

Law Enforcement Applicants Only: Are you 21 or older? Yes () No ()

This organization does not discriminate on the basis of race, color, national origin, sex, religion, age, and handicapped status in employment or the provision of services.

Are you a U.S. Citizen? Yes () No ()
(If no, proof of citizenship or immigration status may be required upon employment.)

Date you can start to work: _____ Minimum Acceptable Salary: _____

Check the following types of work you would accept: Full Time () Part-time ()
Temporary () Rotating Shift ()

List the position or types of positions you are applying for:

Clerical Skills:

Typing _____ WPM CRT () Dictaphone ()
Shorthand _____ WPM Word Processor ()

List any other types of office equipment you can operate:

List any reasons known to you why you might be unable to perform consistently and promptly any duties if hired: _____

Have you been convicted of or pled guilty of a crime, other than a minor traffic violation, within the last seven years? Yes () No ()

If yes, give date, place, charge, and disposition: _____

Have you ever been bonded? Yes () No ()

Do you have a valid driver's license? Yes () No ()

If yes, License No. _____ State _____ Exp. Date _____

Is your License? Class I () Class II () Class III () Class IV ()

List any types of heavy or motor-driven equipment you can operate: (i.e. backhoe)

Are you registered or licensed for a profession in South Carolina? Yes () No ()

If yes, profession/craft _____ License No. _____ Exp. Date _____

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 7 8

Do you have a High School Diploma or GED? Yes () No ()

Name & Location of School	From – To (Mo./Yr.)	Graduated?	Degree/ Major
<u>High School(s)</u>			

<u>Technical/Trade</u>			

<u>College(s)</u>			

List any special courses of training you have had: _____

Are you certified or trained in a specific skill such as CPR? Yes () No ()

Certifications: _____

MILITARY HISTORY

Branch of Service _____ Dates: From _____ To _____

Rank of Entry _____ Rank on Discharge _____

List any specialized training you received: _____

WORK HISTORY

Are you employed now? Yes () No ()

If yes, may we contact your present employer? Yes () No ()

PLEASE LIST YOUR WORK HISTORY BEGINNING WITH THE MOST RECENT POSITION.

* Company Name _____ Employed From _____ To _____

Address _____

Position/Title _____ Supervisor's Name _____

Work Phone Number _____ Salary \$ _____ Per _____

Description of Duties _____

Reason for Leaving _____

* Company Name _____ Employed From _____ To _____

Address _____

Position/Title _____ Supervisor's Name _____

Work Phone Number _____ Salary \$ _____ Per _____

Description of Duties _____

Reason for Leaving _____
