



# Application for Employment

Position Applying For: \_\_\_\_\_

Prospective employees will receive consideration without discrimination of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

## Personal Information

Last Name		First	Middle	Date
Street Address				Main Phone
				Other Phone
City, State, Zip				How long at current address? _____ Years _____ Months
What was your previous address?				How long at previous address? _____ Years _____ Months
Are you over 18 years of age? If not, employment is subject to verification of minimum legal age.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever applied for employment with us? If Yes:		<input type="checkbox"/> Yes _____ Month	<input type="checkbox"/> No _____ Year	
What is your Social Security Number?				
How did you learn of our organization?				
Are you legally eligible for employment in the United States?			When will you be able to work?	
Are you employed now?		Yes		No
If so, may we inquire of your present employer?		Yes		No
Current Employer's Name				
Current Employer's Phone #				

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

Yes  No

If Yes, please explain.

**Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?**

Yes  No

**Drivers License#** \_\_\_\_\_ **State** \_\_\_\_\_

**Any Violations?**  Yes  No

**Do you Have a CDL License?**  Yes  No

**Education**

School Name and Location	Did You Graduate?	Degree or Diploma
High School-	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College-	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade School-	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other-	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Military**

Complete this section if you served in the U.S. Armed Forces Branch of Service \_\_\_\_\_

Describe your duties and any special training

Period of Active Duty (Month & Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge \_\_\_\_\_

Date of Final Discharge \_\_\_\_\_

**Employment History**

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1. Company Name	Telephone
Address	
Employed (Month & Year)	From: _____ To: _____
Name of Supervisor _____	
Hourly Rate:	Start: _____ Last: _____
Job Title and Describe Your Work	
Reason for Leaving:	

2. Company Name	Telephone
Address	
Employed (Month & Year)	From: _____ To: _____
Name of Supervisor _____	
Hourly Rate:	Start: _____ Last: _____
Job Title and Describe Your Work	
Reason for Leaving:	

3. Company Name	Telephone
Address	
Employed (Month & Year)	From: _____ To: _____
Name of Supervisor _____	
Hourly Rate:	Start: _____ Last: _____
Job Title and Describe Your Work	
Reason for Leaving:	

4. Company Name	Telephone
Address	
Employed (Month & Year)	From: _____ To: _____
Name of Supervisor _____	
Hourly Rate:	Start: _____ Last: _____
Job Title and Describe Your Work	
Reason for Leaving:	

We may contact the employers listed above unless you indicate those you do not want us to contact.  
 Employer Number(s) You DO NOT want us to contact: \_\_\_\_\_  
 Reason you don't want us to contact: \_\_\_\_\_

**References:** Give below the names of three persons not related to you, whom you have known at least one year.

1. Name _____	Address _____	Phone _____
2. Name _____	Address _____	Phone _____
3. Name _____	Address _____	Phone _____

**Equipment Operators:** List **ALL** equipment operated, number of years, and circle your **CURRENT** skill level:

Equipment:	Years Operated:	Skill Level:			
_____	_____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Beginner</td> <td style="padding: 2px;">Intermediate</td> <td style="padding: 2px;">Expert</td> </tr> </table>	Beginner	Intermediate	Expert
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The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

**Operators:** If you are deemed incapable of demonstrating the level of skill stated in the Application, the information is considered a misstatement, and may result in dismissal.

_____ Date	_____ Signature
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Contractor Services  
 PO Box 127  
 Kershaw, SC 29067  
 Phone/Fax (803) 475-4598