

Application For Employment

COUNTY OF GEORGETOWN

P.O. Box 421270
Georgetown, SC 29442
(843-545-3074)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position(s) Applied For

Date of Application

How Did You Learn About Us?

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other

Last Name

First Name

Middle Name

Address Number Street City State Zip Code

Telephone Number(s)

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

Have you ever filed an application with us before?

If Yes, Give Date

Yes

No

Have you ever been employed with us before?

If Yes, Give Date

Yes

No

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *(Proof of citizenship or immigration status will be required upon employment.)*

Yes

No

On what date would you be available for work?

Are you available to work:

Full Time

Part Time

Shift Work

Temporary

Are you currently on "Lay-Off" status and subject to recall?

Yes

No

Can you travel if a job requires it?

Yes

No

Have you been convicted of a felony within the last 7 years?

Conviction will not necessarily disqualify an applicant from employment.

Yes

No

If yes, please explain

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and /or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United State Military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer <input type="text"/>	Dates Employed From <input type="text"/> To <input type="text"/>		Work Performed <input type="text"/>
Address <input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number(s) <input type="text"/>	Hourly Rate / Salary Starting <input type="text"/> Final <input type="text"/>		
Job Title <input type="text"/>	<input type="text"/>	<input type="text"/>	
Supervisor <input type="text"/>	Reason for Leaving <input type="text"/>		
2. Employer <input type="text"/>	Dates Employed From <input type="text"/> To <input type="text"/>		Work Performed <input type="text"/>
Address <input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number(s) <input type="text"/>	Hourly Rate / Salary Starting <input type="text"/> Final <input type="text"/>		
Job Title <input type="text"/>	<input type="text"/>	<input type="text"/>	
Supervisor <input type="text"/>	Reason for Leaving <input type="text"/>		
3. Employer <input type="text"/>	Dates Employed From <input type="text"/> To <input type="text"/>		Work Performed <input type="text"/>
Address <input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number(s) <input type="text"/>	Hourly Rate / Salary Starting <input type="text"/> Final <input type="text"/>		
Job Title <input type="text"/>	<input type="text"/>	<input type="text"/>	
Supervisor <input type="text"/>	Reason for Leaving <input type="text"/>		

Employment Experience Continued

4. Employer	Dates Employed		Work Performed
	From	To	
Address	<input type="text"/>	<input type="text"/>	
Telephone Number(s)	Hourly Rate / Salary		
Job Title	Starting	Final	
Supervisor	<input type="text"/>	<input type="text"/>	
	Reason for Leaving		
	<input type="text"/>		

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

Yes

No

Interviewer

Date

Remarks:

Employed

Yes

No

Date of Employment

Job Title

Hourly Rate /

Salary

Department

By

Name And Title

Date

NOTES