



TOWN OF WILLIAMSTON

12 West Main St. Williamston, SC 29697 Phone: (864) 847-7473 Fax: (864) 847-5910

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____

LAST

PERSONAL INFORMATION

NAME SOCIAL SECURITY NUMBER-

LAST FIRST MIDDLE

PRESENT ADDRESS

STREET CITY STATE ZIP

PREVIOUS ADDRESS

STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? YES NO PHONE NO.

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE

SEX DRIVER'S LICENSE NUMBER STATE CLASS

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

FIRST

EMPLOYMENT DESIRED

POSITION FULL TIME PART TIME TEMPORARY START DATE SPECIFY DAYS & HOURS (PART TIME) SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER?

EVER APPLIED TO TOWN OF WILLIAMSTON BEFORE? WHERE? WHEN?

EVER WORKED FOR THE TOWN OF WILLIAMSTON BEFORE? WHERE? WHEN?

REASON FOR LEAVING

NAME OF LAST SUPERVISOR

WHO REFERRED YOU? EMPLOYMENT AGENCY NEWSPAPER ADVERTISEMENT OTHER STATE EMPLOYMENT OFFICE COLLEGE PLACEMENT SERVICE WALKED IN

MIDDLE

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

LIST OF EQUIPMENT YOU CAN OPERATE

SPECIAL TRAINING

SPECIAL SKILLS

FORMER EMPLOYERS (BEGINNING WITH MOST RECENT)			
NAME & ADDRESS OF PRESENT OR FORMER EMPLOYER			
STARTING DATE		LEAVING DATE	
MONTH	YEAR	MONTH	YEAR
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR?	
NAME & TITLE OF SUPERVISOR		PHONE NO.	
DESCRIPTION OF WORK			
REASON FOR LEAVING			
NAME & ADDRESS OF PRESENT OR FORMER EMPLOYER			
STARTING DATE		LEAVING DATE	
MONTH	YEAR	MONTH	YEAR
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR?	
NAME & TITLE OF SUPERVISOR		PHONE NO.	
DESCRIPTION OF WORK			
REASON FOR LEAVING			
NAME & ADDRESS OF PRESENT OR FORMER EMPLOYER			
STARTING DATE		LEAVING DATE	
MONTH	YEAR	MONTH	YEAR
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR?	
NAME & TITLE OF SUPERVISOR		PHONE NO.	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

PERSONAL REFERENCES (EXCLUDING FORMER EMPLOYER & RELATIVES)			
NAME	ADDRESS	OCCUPATION	PHONE NO.

SERVICE RECORD	
BRANCH OF SERVICE	DISCHARGE DATE RANK
PRESENT MEMBERSHIP IN NATIONAL GUARD SERVICE OR RESERVES	DATE OBLIGATION ENDS

APPLICANT'S CERTIFICATION & AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge; I understand that if employed falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to investigate my personal, financial, and credit history through investigative or credit agencies or bureaus of your choice.

Signature of Applicant

Date