



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 _____

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

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

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

LAST

FIRST

MIDDLE

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 _____



Pre-Hire Considerations

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the Town of Williamston to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the Town of Williamston to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 180 days.

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability, any persons or employers supplying such information, and I also release the Town of Williamston from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future Town of Williamston rules and regulations and I understand that the Town of Williamston reserves the right to change wages, hours and working conditions as deemed necessary. **I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature

Date