

TOWN OF HOLLY HILL, SOUTH CAROLINA Application for Employment

Name			
	Last	First	MI Suffix

Date of Application: ___ / ___ / ___	How did you hear about this position? <input type="checkbox"/> Employee Referral <input type="checkbox"/> Magazine/Printed Media <input type="checkbox"/> Professional Organization <input type="checkbox"/> School/University <input type="checkbox"/> Placement Office/Employment Agency <input type="checkbox"/> Other:
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Position Applying For:

INSTRUCTIONS; PLEASE READ CAREFULLY

1. Complete all the information where indicated. Incomplete applications may be rejected from employment consideration.
2. A resume may not be substituted for completing any part of this application.
3. Any unrequested information could be grounds for automatic rejection of the applicant from consideration.
4. Return Completed application to:

**The Town of Holly Hill
Attention: Hiring Manager**

EQUAL OPPORTUNITY/ADA STATEMENT

It is the policy of the Town of Holly Hill not discriminate qualified individuals because of disability in regard to job application procedures, hiring and other terms and conditions of employment. It is further the policy of the Town of Holly Hill to provide reasonable accommodations to qualified individuals with disabilities in all aspects of the employment process. **TOWN OF HOLLY HILL IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER.**

Will you need reasonable accommodations to participate in the selection procedures? (e.g., interview, written tests, or job demonstration) Yes No

<u>Contact Information</u>			
Address:		Apt. No.:	City:
State:	Zip Code:		
Email Address 1:		Email Address 2:	
Home Phone	_____ - _____ - _____	Mobile Phone	_____ - _____ - _____

Alternate Phone	_____ - _____ - _____	Notification Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email
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I. Personal Information

Social Security Number: _____ - _____ - _____

Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No SC Commercial License? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide license number: State of Issue: Expiration Date: / /	Class (check one) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> G Commercial Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
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Can you, after employment, submit proof of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	What type of job are you looking for? <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	What type of work will you accept? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
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What hours/shifts are you available to work?

Day Evening Night Rotating Weekends On Call(as needed) Overtime(as needed)

Education

High School name:	City: _____ State: _____	<input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) _____
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Undergraduate College/University: <hr/> Degree Attained: <hr/> Year: _____	Graduate School: <hr/> Degree Attained: <hr/> Year: _____
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II. LAW ENFORCEMENT/FIREFIGHTER APPLICANTS ONLY
 (IF YOU ARE NOT APPLYING FOR A LAW ENFORCEMENT/FIREFIGHTER POSITION, PLEASE SKIP TO THE NEXT SECTION)

- 1. Have you received a description or been made aware of the duties of the position for which you are applying? Yes No
- 2. Do you understand the position requirements? Yes No
- 3. Are you currently on layoff and subject to recall for another employer? Yes No
- 4. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain:

Date(s) of suspension: / /
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Yes No

5. Have you ever been issued a driver's license by another State? If yes, list state(s):

6. Are you a certified law enforcement officer in the State of South Carolina or another state? Yes No

Date Certified: __ / __ / ____ State Certifying: _____

7. Are you a certified fire fighter in the State of South Carolina? If yes, list the level of

Yes No

certification:

8. Are you at least 21 years of age? (Law Enforcement Candidates must be at least 21 years old to be eligible for employment)

Yes No

III. Work History & Background

Describe your work experience in detail, starting with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Explain any gaps in employment. All information must be complete. A resume may be attached, but not substituted for completing this section. For additional space, make a copy of this page.

Explanation of Gaps in employment:

1. Name of Present or Last Employer:

Address:

Job Title:

City:

State:

From: ____ / ____ To: ____ / ____

Phone: - -

Hours per week:

Supervisor:	Salary:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Job duties (give details):

Reason for Leaving:

2. Name of Next Most Recent Employer:

Job Title:	Address:
From: ____ / ____ To: ____ / ____	City:
Supervisor:	State:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: - -
	Hours per week:
	Salary:

Job duties (give details):

Reason for Leaving:

3. Name of Next Most Recent Employer:

Job Title:	Address:
From: ____ / ____ To: ____ / ____	City:
Supervisor:	State:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: - -
	Hours per week:
	Salary:

Job duties (give details):

Reason for Leaving:

Give the name, address and phone number of two people, not relatives who are familiar with your work.

Name:	Address:	Phone: - -
Name:	Address:	Phone: - -

Please read and complete the following information:

Have you ever been convicted, pled guilty or "no contest" to a criminal offense? Yes No

Note: Omit minor vehicle violations. Conviction or pleading guilty or "no contest" is not a cause for rejection of employment in all cases. Each conviction/plea is evaluated individually.

If yes, please list the charges(s)

Charge	Where Convicted	Date

Have you ever been employed by the Town of Holly Hill? Yes No

Job Title _____
 From: ____ / ____ / ____ To: ____ / ____ / ____

Department:

Do you have any relatives employed with the Town of Holly Hill Yes No

If yes, name:

Relationship:

IV. Authority to release information:

By my signature, (or checking the box below when submitting my application electronically) I consent to the release of information to authorized officers, agents and employees of the Town of Holly Hill which may include but not limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement/ criminal background records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents and employees of the Town of Holly Hill to make inquiries of third parties. I agree to submit to drug and alcohol testing, if requested by the Town of Holly Hill. I understand that the Town of Holly Hill may require a polygraph examination and a psychological evaluation for Law Enforcement Candidates. I further release the organization, present and former employers, law enforcement organizations and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature: _____

Date: ____ / ____ / ____

V. Certification of Applicant:

By my signature, I affirm, agree, and understand that all statements contained in this employment application and attached documentation, if any are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application or at any point in the in the recruitment and selection process may result in exclusion from further consideration, or if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer before beginning work. I understand that neither the acceptance of this application nor subsequent entry into any type of employment relationship with the Town of Holly Hill creates an actual or implied contract of employment. I understand if I accept employment with the Town of Holly Hill, it will be on an at-will basis. This means the Town of Holly Hill or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

Signature: _____

Date: ____ / ____ / ____