



# Town of Surfside Beach

115 US Highway 17 North, Surfside Beach, SC 29575

## EMPLOYMENT APPLICATION

### PERSONAL DATA

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: Street: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn of the position? \_\_\_\_\_

Have you every applied to the Town of Surfside Beach before? Yes \_\_\_ No \_\_\_ Position \_\_\_\_\_

If hired, when? \_\_\_\_\_ What position? \_\_\_\_\_

Do you have relatives employed by the Town of Surfside Beach? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give: Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Department: \_\_\_\_\_

Have you every been convicted of, pled guilty to, or pled no-contest to a crime (other than minor traffic violations)?\* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide: Charge: \_\_\_\_\_ Place: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Are there any charges/indictment now pending against you?\* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\*NOTE: A "YES" answer to the two questions above will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying will be considered.

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ State \_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_

If yes, provide details: \_\_\_\_\_

Has your license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

### EDUCATION

	Name	Address	Major	Dates Attended From/To	Did You Graduate	Degree/ Diploma
Elementary						
High School						
College						
Technical						
Other						

EMPLOYMENT DATA

Position(s) applying for: (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Minimum Acceptable Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Preferred Status: Full Time Yes \_\_\_ No \_\_\_  
Part Time Yes \_\_\_ No \_\_\_  
Temporary Yes \_\_\_ No \_\_\_

Please indicate days available for work:

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday \_\_\_

Do you have transportation to and from work? Yes \_\_\_ No \_\_\_

What hours are you available to work? From \_\_\_\_\_ To \_\_\_\_\_

If necessary, will you work overtime? Yes \_\_\_ No \_\_\_

If necessary, will you work shifts? Yes \_\_\_ No \_\_\_

Have you ever been denied bonding? Yes \_\_\_ No \_\_\_ If yes, give details: \_\_\_\_\_

List any professional licenses you hold that are applicable to position applied for:

Type: \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Skills: Typing: Yes \_\_\_ No \_\_\_ WPM \_\_\_\_\_

Dictation: Yes \_\_\_ No \_\_\_ WPM \_\_\_\_\_ Method \_\_\_\_\_

Transcription: Yes \_\_\_ No \_\_\_ WPM \_\_\_\_\_

Word Processing Yes \_\_\_ No \_\_\_ Equipment \_\_\_\_\_ How Long \_\_\_\_\_

Please list your other pertinent experience, skills, or training related to the position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date you are available to start: \_\_\_\_\_

EMPLOYMENT HISTORY

Are you presently employed? Yes \_\_\_ No \_\_\_

Have you ever been discharged or forced to resign from any position? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

**INSTRUCTIONS: READ CAREFULLY! IT IS IMPORTANT THAT THIS SECTION BE COMPLETED IN DETAIL IF YOUR EXPERIENCE IS TO BE FAIRLY EVALUATED.**

1. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
2. List all employment including military service, part-time, and self-employment. Include all periods of unemployment except those during which you were a full-time student at an academic or technical institution.
3. A resume may not be substituted for this section. A resume may, be attached upon full completion of this application.
4. Start with most recent position and work back to the first position you held.
5. If space is too limited for listing all of your employment record, you may use an additional pages following the same format used on the next page. Sign your name and attach them to this application.

<p>1. (Current or most recent position)</p> <p>Position Title _____</p> <p>Employer Name and Address _____</p> <p>_____</p> <p>May we contact: Y ___ N ___ #: _____</p> <p>Supervisor Name _____</p> <p>Dates employed in this position</p> <p>From _____ To _____</p> <p>Starting Salary _____ Last Salary _____</p> <p>Name on records if different from present name</p> <p>_____</p>	<p>Description of specific duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>_____</p>
<p>2. Position Title _____</p> <p>Employer Name and Address _____</p> <p>_____</p> <p>May we contact: Y ___ N ___ #: _____</p> <p>Supervisor Name _____</p> <p>Dates employed in this position</p> <p>From _____ To _____</p> <p>Starting Salary _____ Last Salary _____</p> <p>Name on records if different from present name</p> <p>_____</p>	<p>Description of specific duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>_____</p>
<p>3. Position Title _____</p> <p>Employer Name and Address _____</p> <p>_____</p> <p>May we contact: Y ___ N ___ #: _____</p> <p>Supervisor Name _____</p> <p>Dates employed in this position</p> <p>From _____ To _____</p> <p>Starting Salary _____ Last Salary _____</p> <p>Name on records if different from present name</p> <p>_____</p>	<p>Description of specific duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>_____</p>
<p>4. Position Title _____</p> <p>Employer Name and Address _____</p> <p>_____</p> <p>May we contact: Y ___ N ___ #: _____</p> <p>Supervisor Name _____</p> <p>Dates employed in this position</p> <p>From _____ To _____</p> <p>Starting Salary _____ Last Salary _____</p> <p>Name on records if different from present name</p> <p>_____</p>	<p>Description of specific duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>_____</p>

ADDITIONAL COMMENTS– Use this space to add comments or information which would help us better evaluate your application. Include any volunteer experience related to the position(s) for which you are applying.

REFERENCES– List three (3) references. Do not include current or past employers, relatives or past/present employees of the Town of Surfside Beach. Provide full name, address, and phone number.

Name	Address	Phone Number

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN**

- The Town of Surfside Beach is an Equal Opportunity Employer; as such will recruit and hire employees without regard to race, religion, color, disability, national origin, sex or age except when a bona fide occupational qualification exists.
- This application must be completed in detail. Failure to complete all sections or to sign this application or any attached pages may result in it being returned for completion causing a delay or possible disqualification.
- This application will remain active for six (6) months from the date received.
- I understand and agree that acceptance of this application in no way obligates the Town of Surfside Beach to employ me.
- As an applicant for employment with the Town of Surfside Beach, I have furnished information to use in determining my qualifications for employment. I hereby authorize the Town of Surfside Beach to conduct a thorough background investigation to further support the statements contained herein.
- I hereby release the Town of Surfside Beach, current and past employers and references named herein, from liability or damage resulting from providing the information requested.
- If I request herein that my present employer not be contacted, an offer of employment will be conditional upon acceptable information and verification from such employer prior to beginning work.
- I agree to submit to a Town-paid physical examination, if required, and to answer truthfully such health-related questions as the Town may deem necessary.
- I understand and agree that if employed, I shall have the right to terminate my employment at any time, with or without notice and with or without cause and the Town shall have the same right.
- If employed, I agree to abide by all present and subsequently issued personnel policies and rules of the Town, and to acknowledge in writing the page one disclaimer setting out at-will employment.
- I hereby affirm that all statements made herein are true and correct to the best of my knowledge and understand that any misrepresentation or omission may result in my being disqualified from consideration or being terminated should I already be employed by the Town of Surfside Beach. My signature conveys that I have read, understand and agree to all the statements listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ECO REPORTING AND PERSONNEL RESEARCH

NOTE: The information requested in the section is not used to evaluate your application. This information is needed to satisfy Equal Employment Opportunity reporting and personnel research requirements.

Today's Date Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: Mo. \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ NOTE: The 1972 Human Affairs Law Prohibits Discrimination based on age.

POSITIONS APPLIED FOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Race: White \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ Asian/Pacific Islander \_\_\_\_ American Indian/Alaskan Native \_\_\_\_ Other \_\_\_\_

Sex: Female \_\_\_\_ Male \_\_\_\_

Marital Status: Single \_\_\_\_ Married \_\_\_\_