



Town of Surfside Beach

115 U.S. HIGHWAY 17 NORTH / SURFSIDE BEACH, S.C. 29575

APPLICATION FOR EMPLOYMENT

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 ever applied with the Town of Surfside Beach before? Yes _____ No _____

If yes, when? _____

Have you ever worked for the Town of Surfside Beach? Yes _____ No _____

If yes, when? _____ What position? _____

Do you have any relative(s) employed by the Town of Surfside Beach? Yes _____ No _____

If yes, give: Name _____ Relation _____ Department _____

Have you ever 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/indictments 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 are 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		DID YOU GRADUATE	DEGREE/DIPLOMA
				FROM	TO		
ELEMENTARY							
HIGH SCHOOL							
COLLEGE							
TECHNICAL							
OTHER							

EMPLOYMENT DATA

A. Position(s) applying for: (1) _____
(2) _____
(3) _____

B. Minimum Acceptable Salary: \$ _____ per _____

C. Preferred Status: Full Time Yes _____ No _____
Part Time Yes _____ No _____
Temporary Yes _____ No _____

D. Please indicate days available for work:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

E. Do you have transportation to and from work? Yes _____ No _____

F. What hours are you available for work? From: _____ To _____

G. If necessary, will you work overtime? Yes _____ No _____

H. If necessary, will you work shifts? Yes _____ No _____

I. Have you ever been denied bonding? Yes _____ No _____ If yes, give details: _____

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

Type: _____ License No. _____ Expiration Date: _____

K. Skills: Typing: Yes _____ No _____ WPM _____
Shorthand: Yes _____ No _____ WPM _____ Method _____
Transcription: Yes _____ No _____ WPM _____
Word Processing: Yes _____ No _____ Equipment _____ How Long _____

L. Please list any other pertinent experience, skills, or training that you have which are related to the position for which you are applying:

M. Date you are available to start: _____

EMPLOYMENT HISTORY

A. Are you presently employed? Yes _____ No _____

B. Have you ever been discharged or forced to resign from any position? Yes _____ No _____

If yes, please explain _____

C. INSTRUCTIONS: READ CAREFULLY BEFORE COMPLETING THE REMAINDER OF THIS SECTION. 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. However, a resume may be attached upon full completion of this application.
4. Start with most recent position and work back to first position you held.
5. If space is too limited for listing all your employment record, you may use an additional sheet of paper following the same format used on the next page. Sign your name and attach to this application.

1. (Current or most recent position)

Position Title _____

Employer's Name and Address _____

May we contact: Y ___ N ___ Ph: _____

Supervisor's Name _____

Dates employed in this position

Mo. Yr. Mo. Yr.

From _____ To _____

Starting Salary _____ Last Salary _____

Name on employment records if different from present name _____

Description of specific duties

Reason for leaving _____

2. (Current or most recent position)

Position Title _____

Employer's Name and Address _____

May we contact: Y ___ N ___ Ph: _____

Supervisor's Name _____

Dates employed in this position

Mo. Yr. Mo. Yr.

From _____ To _____

Starting Salary _____ Last Salary _____

Name on employment records if different from present name _____

Description of specific duties

Reason for leaving _____

3. (Current or most recent position)

Position Title _____

Employer's Name and Address _____

May we contact: Y ___ N ___ Ph: _____

Supervisor's Name _____

Dates employed in this position

Mo. Yr. Mo. Yr.

From _____ To _____

Starting Salary _____ Last Salary _____

Name on employment records if different from present name _____

Description of specific duties

Reason for leaving _____

4. (Current or most recent position)

Position Title _____

Employer's Name and Address _____

May we contact: Y ___ N ___ Ph: _____

Supervisor's Name _____

Dates employed in this position

Mo. Yr. Mo. Yr.

From _____ To _____

Starting Salary _____ Last Salary _____

Name on employment records if different from present name _____

Description of specific duties

Reason for leaving _____

5. (Current or most recent position)

Position Title _____

Employer's Name and Address _____

May we contact: Y ___ N ___ Ph: _____

Supervisor's Name _____

Dates employed in this position

Mo. Yr. Mo. Yr.

From _____ To _____

Starting Salary _____ Last Salary _____

Name on employment records if different from present name _____

Description of specific duties

Reason for leaving _____

ADDITIONAL COMMENTS - Use this space to add comments or information which would help us to 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 NO.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN

- The Town of Surfside Beach is an Equal Opportunity Employer and as such will recruit and hire employees without regard to race, religion, color, disability, national origin, sex or age except when a bonafide occupational qualification exists.
- This application must be filled out in detail. Failure to complete all sections or to sign this form may result in its being returned for completion, causing a delay or possible disqualification.
- This application will remain active for six (6) months from the date submitted.
- I understand and agree that acceptance of this application in no way obligates the Town of Surfside Beach to employ me or that there are any positions available.
- 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 information requested.
- If I request herein that my present employer not be contacted, an offer of employment will be conditioned upon acceptable information and verification from such employer prior to beginning work.
- I agree to submit to a physical examination (Town paid) 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.
- 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 further 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 _____

EEO REPORTING AND PERSONNEL RESEARCH

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

Name > Last First Middle Today's Date > Mo. Day Year

Date of Birth Mo. Day Year NOTE: The 1972 Human Affairs Law Prohibits Discrimination Based On Age

POSITIONS APPLIED FOR:

Race (check one) > White _____ Black _____ Hispanic _____ Asian or Pacific Islander _____ American Indian or Alaskan Native _____

Sex: > Female Male Martial Status: > Single Married

