

# APPLICATION FOR EMPLOYMENT

TOWN OF JACKSON  
106 MAIN ST. / P.O. BOX 369  
JACKSON, SOUTH CAROLINA 29831



## PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

**Authority to Release Information:** By my signature, I consent to the release of information to authorized officers, agents, and/or employees of the Town of Jackson, SC which may include but not be 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 records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of the Town of Jackson, SC to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties for any and all claims of whatever nature that I may have as result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature: \_\_\_\_\_

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

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**Certification of Applicant:** By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of inform of data on the application 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 prior to beginning work.

Signature: \_\_\_\_\_

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

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## **INSTRUCTIONS TO APPLICANT:**

1. Please type or print legibly in ink. Incomplete application will not be accepted. Application must have all sections complete and the form signed by the applicant. A resume may be attached but not substituted for the application.
2. All qualified applications will be referred to the department where the vacancy is located. That department head or selected committee is responsible for the review and evaluation of applications and recommending the qualified applicants to be selected for interview.
3. Applications will remain active until the vacancy is filled. If you wish to remain informed of positions available, please contact the Town Clerk at (803) 471-2228.
4. All applicants will be asked to sign an Authority to Release Information and Certification of Applicant- Please read these statements very carefully.
5. The Town of Jackson consider all applicants for all positions without regard to Race, Color, Religion, Creed, Gender, National Origin, Age, Disability, Marital or Veteran Statuse, sexual orientation, or any other legally protected status.

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NAME: \_\_\_\_\_

## 1. POSITION APPLYING FOR:

Job Title: \_\_\_\_\_

## 2. CONTACT INFORMATION:

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

## 3. EDUCATION:

High School: \_\_\_\_\_ Location: \_\_\_\_\_

Diploma (Yes/No) Other (Specify) \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

College Graduate? Yes      No

Undergraduate College/University:	Graduate School:
Degree and Year Obtained:	Degree and Year Obtained:

### Job-Related Training and Course Work

List any skills, licenses, and certificates, which are related to the job you seek (including computer software proficiency.)

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## 4. WORK EXPERIENCE:

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. All information in this section must be complete. A resume may be attached, but not substituted for completing this section.

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1. Name of Present of Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Number Supervised: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Hour Per Week: \_\_\_\_\_ Salary: \_\_\_\_\_  
May we contact this employer? Yes      No  
Reason for Leaving:

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2. Your Next Most Recent Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Number Supervised: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Hour Per Week: \_\_\_\_\_ Salary: \_\_\_\_\_  
May we contact this employer? Yes      No  
Reason for Leaving:

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3. Your Next Most Recent Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Number Supervised: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Hour Per Week: \_\_\_\_\_ Salary: \_\_\_\_\_  
May we contact this employer? Yes      No  
Reason for Leaving:

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4. Your Next Most Recent Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Number Supervised: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Hour Per Week: \_\_\_\_\_ Salary: \_\_\_\_\_  
May we contact this employer? Yes      No  
Reason for Leaving:

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5. Your Next Most Recent Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Number Supervised: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Hour Per Week: \_\_\_\_\_ Salary: \_\_\_\_\_  
May we contact this employer? Yes      No  
Reason for Leaving:

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6. Your Next Most Recent Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Number Supervised: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Hour Per Week: \_\_\_\_\_ Salary: \_\_\_\_\_  
May we contact this employer? Yes      No  
Reason for Leaving:

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## 5. ADDITIONAL INFORMATION:

Do you possess a valid driver's license? Yes  No   
If so, list state \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
Class of License: \_\_\_\_\_

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Do you have any relatives employed with the Town of Jackson? If yes, please provide names below:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Dept. \_\_\_\_\_

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Have you ever been convicted of a criminal offense? Yes  No

Note: Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday, which was adjudicated in juvenile court under a youthful offender. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charge(s): \_\_\_\_\_

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Place of Conviction: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition/Status: \_\_\_\_\_

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Have you ever been terminated or forced to resign from any job? Yes  No

If yes, explain:

Are you legally authorized to work in the United States? Yes  No

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Give the names of three people, not relatives, who are familiar with your work.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_