

# Employment Application

<u>Last Name</u>		<u>First Name</u>		<u>Middle Name</u>	<u>Date of Application</u>
<u>Social Security No</u>		<u>Married/Single/Divorce</u>	<u>Date of Birth</u>	<u>Driver's License Number</u>	<u>State</u>
<u>Address (Street number and name)</u>				<u>City</u>	
<u>State</u>	<u>Zip Code</u>	<u>County</u>	<u>Phone (Home or where you can be reached)</u>	<u>Business Phone</u>	
Have you lived in NC for the last 5 consecutive years? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Hours of Work**  
 Please indicate days available to work: All  
 Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Please specify hours available to work: \_\_\_\_\_

CHECK the types of work you will accept:  1. Permanent full-time  2. Permanent part-time  3. Temporary full-time  4. Temporary part-time  
 5. Any of the preceding  6. Work involving Travel  7. Shift or Split Shift Work

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) \_\_\_\_\_

Will you accept work anywhere in S.C.?  YES  NO (If no, check below the counties in which you would be willing to work.)

Chester  Myrtle Beach  Greenville  Charleston

**Jobs Applied For**  
 Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Referral Source**  
 Please indicate your referral source: \_\_\_\_\_  
 If you were referred by the Employment Security Commission (Job Service) please indicate which local office: \_\_\_\_\_

**Education**  
 Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4  
 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr) From: _____ To: _____	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			

Special training programs and seminars you have completed in the last five years (list):  
 \_\_\_\_\_  
 \_\_\_\_\_

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:  
 \_\_\_\_\_  
 \_\_\_\_\_

Current professional status: (List fields of work for which you have been registered)

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Membership in professional, honorary, or technical societies (list):

**DO NOT COMPLETE THIS BLOCK**

DEGREES AND PROFESSIONAL CREDENTIALS

Have been verified

Will be verified within 90 days (G.S. 126-30)

Person Responsible: \_\_\_\_\_

Licenses and certifications (List, giving dates and sources of issuance):

**SKILLS**

CHECK the following skills, experiences, etc., which you have:

- |                                                     |                                                |
|-----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Sign Language              | <input type="checkbox"/> Legal transcription   |
| <input type="checkbox"/> Foreign language (specify) | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Adding Machine/calculator  | <input type="checkbox"/> Braille               |
| <input type="checkbox"/> Typing (specify WPM)       | <input type="checkbox"/> Word Processing       |
| <input type="checkbox"/> Shorthand/speedwriting     | <input type="checkbox"/> Other                 |

(specify WPM)

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)  YES  NO (If yes, explain fully on an additional sheet.)

**WORK HISTORY** (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies, which demonstrate your qualifications for the position for which you are applying.

<u>Current or Last Employer:</u>		<u>Address:</u>		
<u>Job Title:</u>		<u>Supervisor's Name</u>	<u>Telephone Number</u>	<u>No. yrs. Supervised by you:</u>
<u>Date Employed (mo/yr)</u>	<u>Starting Salary</u>	<u>Ending or Current Salary</u> _____ per _____	<u>Reason for Leaving</u>	<u>May We Contact Employer</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
<u>Date Separated (mo/yr)</u>	<u>List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:</u>			
Full Time    Years    Months				
Part Time    Years    Months				
If part time, number of hours worked per week: _____				
<u>Employer:</u>		<u>Address:</u>		
<u>Job Title:</u>		<u>Supervisor's Name</u>	<u>Telephone Number</u>	<u>No. Supervised by you:</u>
<u>Date Employed (mo/yr)</u>	<u>Starting Salary</u>	<u>Ending or Current Salary</u> _____ per _____	<u>Reason for Leaving</u>	
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Part Time    Years    Months				
If part time, number of hours worked per week: _____				
<p>I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)</p>				
_____ Signature of Applicant (unsigned applications will not be processed)			_____ Date	