



*The Lowcountry's Hometown*

PO Box 700 | Moncks Corner, SC 29461 | 843.719.7900 | monckscornersc.gov

## EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Specify Position Applying For: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Alt Number: \_\_\_\_\_

Drivers License No./State: \_\_\_\_\_

E-mail Address \_\_\_\_\_

If under 18, list date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

NOTHING IN THIS APPLICATION OF IN ANY OF THE RELATED DOCUMENTS CONSTITUTES A CONTRACT OF EMPLOYMENT AND ALL EMPLOYEES OF THE TOWN ARE EMPLOYEES-AT-WILL WHO MAY QUIT AT ANY TIME FOR ANY REASON AND WHO MAY BE TERMINATED AT ANY TIME FOR ANY OR NO REASON. NO ONE OTHER THAN THE TOWN ADMINISTRATOR MAY MAKE ANY PROMISES OR ASSURANCES OR ENTER INTO ANY CONTRACT WHETHER ORAL OR WRITTEN, THAT IN ANY WAY IS CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH, AND ANY SUCH PROMISES, ASSURANCES, OR PURPORTED CONTRACTS SHALL BE INVALID AND NOT BINDING ON THE TOWN UNLESS ADOPTED, ENDORSED, OR AGREED TO IN WRITING BY THE ADMINISTRATOR.

Education	Name and Location of School	No. of Years Attended	Graduate or GED?	Major/Degree
High School				
College				
Trade, Business, Correspondence				

Have you ever attended school under a different name? \_\_\_\_Yes \_\_\_\_No.

Please Specify:\_\_\_\_\_

Have you applied here before? \_\_\_\_Yes \_\_\_\_No. If yes give dates: \_\_\_\_\_

Do you have any family members that are employed and/or elected or appointed by the Town of Moncks Corner? \_\_\_\_Yes \_\_\_\_No.

If yes, please list names and positions of family members currently employed:\_\_\_\_\_

Have you worked for us before \_\_\_\_Yes \_\_\_\_No.

If Yes, specify dates and positions:\_\_\_\_\_

List any special skills you have, equipment you operate, or licenses you have obtained such as the commercial drivers license:

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List specific computer skills to include hardware and software programs:

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Have you ever served as a member of the armed forces? \_\_\_\_Yes \_\_\_\_No

If Yes, please list branch, occupation, duties, dates of service; submit a copy of your DD 214:

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Have you been convicted of a crime other than a minor traffic violation? \_\_\_\_Yes \_\_\_\_No.

If Yes, list all dates and nature of offenses:

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NOTE: A Yes answer to any of the above questions does Not automatically disqualify you from employment.

Type of Employment desired: \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Summer

Start Date:\_\_\_\_\_ Salaried Desired:\_\_\_\_\_

If hired are you available to work "on call" status if required and/or the required hours and shifts for the position? \_\_\_\_Yes \_\_\_\_No.

If No, please explain:

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**Employment History**

List your last four employers, beginning with your current or most recent first.

Please complete each section.

Date, Month, Year		Employer Name/Address/Phone	Supervisor's Name	Salary	Position
From					
To					

Duties:  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving:

From					
To					

Duties:  
 \_\_\_\_\_

Reason for Leaving:

From					
To					

Duties:  
 \_\_\_\_\_

Reason for Leaving:

From					
To					

Duties:  
 \_\_\_\_\_

Reason for Leaving:

May we contact your current employer?  Yes  No      May we contact your past employer(s)?  Yes  No

**References**

List three persons, **not related to you**, whom you have known for at least one year.

Name	Address	Business/Phone	Years Acquainted
1.			
2.			
3.			

# SIGNATURE AND CERTIFICATION

PLEASE READ CAREFULLY BEFORE YOU SIGN!

I understand further that all information contained in this application may be verified through third parties, including schools and prior employers. By signing this application, I affirm that all information in this application is true and complete, and I understand that any misrepresentation, falsification, or omission is sufficient reason for dismissal or refusal of employment.

I understand that, if hired, my employment with the Town will be at will, meaning I can quit at any time for any or no reason and I can be discharged at any time for any or no reason. I understand that this application and related documents do not constitute a contract of employment.

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

The Town of Moncks Corner is an **EQUAL OPPORTUNITY EMPLOYER**. We adhere to a policy of making all employment decisions without regard to race, color, religion, sex, national origin, age disability, or political affiliation, except where age is a bonafide occupational qualification.

## Authorization For Release Of Information

TO:

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (college, business, trade or high school), **or Town of Moncks Corner**

Any past or present Employer, **or Town of Moncks Corner**

I, \_\_\_\_\_, am aware that my entire background, to include a criminal background check, is to be investigated and hereby authorize and request the release of any and all information you have concerning me, excluding health care information, to the Human Resource Office for the Town of Moncks Corner as my authorized representative for the purpose of obtaining this information.

I, hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any liability for damages of whatever kind to me, my family, heirs or associates as a result of giving such information, except that I do not release anyone who gives information that he or she knows is false, deliberately intending to harm me.

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License No./State: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

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

Signature of Parent/Guardian if Subject is Under 18 \_\_\_\_\_

Print Name: \_\_\_\_\_

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

### Notary Certification

Sworn and Subscribed before me on this day \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_

Notary for the State of South Carolina, County of Berkeley:

\_\_\_\_\_  
Notary Signature My commission Expires: \_\_\_\_\_ 20\_\_\_\_\_

## APPLICANT DATA RECORD

THE TOWN OF MONCK'S CORNER'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING DISCRIMINATION. APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX, VETERAN STATUS OR DISABILITY.

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NAME (as is appears on Social Security card):

\_\_\_\_\_

Last    First    Middle    Maiden

Social Security Number: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Street    City    State    Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Position applying for: \_\_\_\_\_

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

AS EMPLOYERS / GOVERNMENT CONTRACTORS, WE COMPLY WITH GOVERNMENT REGULATIONS AND AFFIRMATIVE ACTION RESPONSIBILITIES. SOLELY TO HELP US COMPLY WITH GOVERNMENT RECORD KEEPING, REPORTING AND OTHER LEGAL REQUIREMENTS, PLEASE COMPLETE THE APPLICANT DATA RECORD. IT WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT. WE APPRECIATE YOUR COOPERATION.

CHECK ONE:     Male                       Female

How did you hear about this job?

CHECK ONE:     White

Black or African-American

Hispanic or Latino

Native Hawaiian/Pacific Islander

American Indian/Alaskan Native

Asian

Two or More Races

CHECK ONE:     Town Employee

Job Line

Website

Newspaper Ad

Office Visit

Job Service

Other