803-625-3106

www.townofestill.sc.gov



## An Equal Opportunity Employer APPLICATION FOR EMPLOYMENT

This application must be completed in full and signed. Incomplete or unsigned applications will not be considered. By filling out this application you are neither guaranteed an interview nor a job. The Town of Estill is an employment at will organization and, therefore, the employer or employee can terminate employment at any for an interview, you will be notified by the hiring department.

Position: (one position per application)										Date of A	applicatio	n
Last Name				Einet Name					M	1.41 - NJ		
Last Name				First Name				Middle Name				
Address				Cit					State	State		de
Home Telephone	Cell Phone	e Number	Alterna	ate Contact Number Email Addres			il Address				l	
Referral Source  Newspaper	City'	☐ City's Jobline ☐ V ☐ TV Ad/Cable ☐ J			ob Fair			name)				
Have you ever been an emp	loyee of t	the Town of E	still? ∟	I Yes ⊔ I	No L	I I an	currently	a Town en	nploye	ee		
If yes,				Position				Dates: From To				
Do you have any relatives e	mployed	here? $\square$ Ye	es 🗆 N	No If yes,					ırtment			Relation
Are you able to provide pro Have you been convicted of <b>Note:</b> an answer of "Yes" does no If yes, please spec	a felony ot necessaril	or plead "no o	contest" not be con	to a felony sidered for em	charge ploymer	e? 🗆 nt).	Yes $\square$					
AVAILABILITY												
☐ Immediately ☐ After two week notice ☐		Tre you willing Full-Time Part-Time	(37.5 or	more hours	per w	eek)		Inclement Temporary Rotating S	(no bene		Wee	kends
EDUCATION Beginning with	high school	, provide informa	tion on al			ıding u	niversities, co	lleges, techni	cal scho	ools and tra	de school	s.
Name and State of School				Circle Highest Level Completed De			Degree			Major		
High School				9 10 11	12							
Trade/Technical School				1 2 3 4								
Undergraduate School												
Graduate School/ Post-Graduate School				1 2 3 4	1 5							
Graduate School/ Post-Graduate	SC11001			1 2 3 4	5 6	5						
List any Professional or Trade Certifications that you have.	<u>N</u>	Name of Certif	ication_		<u>Issuin</u>	g Org	anization		Issue 1	<u>Date</u>		oiration Oate
FORMAL TRAINING You m	nay be requi	red to provide ver	rification.	1				<u> </u>				
Name of Training Presente				by				Date(s)		Co	mpleted	1?
											Yes	□ No
											Vec	□ No

The Town of Estill is an Equal Opportunity Employer. All applicants are considered for employment without regard to color, race, sex, religion, age, national origin, marital status, veteran status or disability. If you believe you have been discriminated against for these reasons on consideration of your application, please notify the Town Administrator's Office, Town of Estill, P. O. Box 415, Estill, S.C. 29918. It is also your right to notify the Equal Employment Opportunity Commission, Office of Federal Contract Compliance Programs or any appropriate local or state agency of your complaint.

## EMPLOYMENT EXPERIENCE

List jobs starting with your *present or most recent job*. Include any military experience. Account for all employment/educational activity within the last 7 years. A Résumé may be attached but does not take the place of this form. If you need more space, please attach a separate sheet

Company Nama		Talambana	Datas E1					
Company Name		Telephone ( )	Dates Employed From To					
Address			☐ Full-Time ☐ Part-Time					
Job Title		Name of Supervisor	May we contact this employer? ☐ Yes ☐ No					
Describe Duties	Reason for leaving.							
			Start Salary	End Salary				
List tools, equipment and comput	er software utilized in this position.		1					
Company Name		Telephone	Dates Employed From	То				
Address		☐ Full-Time ☐ Part-Time						
Job Title	Name of Supervisor	May we contact this employer? ☐ Yes ☐ No						
Describe Duties		1	Reason for leaving	<u>.</u>				
			Start Salary	End Salary				
List tools, equipment and comput	er software utilized in this position.							
Company Name		Telephone	Dates Employed From	То				
Address		/	☐ Full-Time ☐ Part-Time	10				
Job Title	Name of Supervisor	May we contact this employer?  ☐ Yes ☐ No						
Describe Duties	1	Reason for leaving.						
			Start Salary	End Salary				
List tools, equipment and comput	er software utilized in this position.							
Company Name		Telephone	Dates Employed From	То				
Address		/	☐ Full-Time ☐ Part-Time					
Job Title		Name of Supervisor	May we contact thi					
Describe Duties			Reason for leaving	J.				
			Start Salary	End Salary				
List tools, equipment and comput	er software utilized in this position.		_1					
SKILLS								
Typing / Word Processing	Indicate the number of words per minute you can	type without error:						
Computer Software	Indicate the types of software you are skilled in using:  ☐ Windows ☐ Word ☐ Excel ☐ PowerPoint ☐ Access ☐ Outlook ☐ Internet Other							
Telephone Experience	Have you operated a multi-line phone?  \(\sigma\) Yes \(\sigma\) No Number of Lines? Years of experience?							
Driver's License								
	Do you have a Valid Driver's License? ☐ Yes ☐ No Do you have a Valid Commercial Driver's License (CDL)? ☐ No ☐ Permit ☐ Class A ☐ Class B							
	CATION. READ THE FOLLOWING CAREFULLY ein are true and complete to the best of my knowledge.		as well as the investig	gation of all statements				

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any reference checks as well as the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If selected for employment, I further understand that my employment upon passing a pre-employment physical, background investigation and/or a drug test. I also understand and acknowledge that 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.

Signature of Applicant	Date
0 7 11	