

Application For Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

| | | |
|--|-----------------------------------|----------------------------------|
| Position(s) Applied For | | Date of Application |
| How Did You Learn About Us? | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other: |

| | | | | | |
|--------------------------------|--------|------------|-------------------------------|-------------|--|
| Last Name | | First Name | | Middle Name | |
| Address Number | Street | City | State | Zip Code | |
| Telephone Number(s) () - - | | | Social Security Number - - | | |

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date:

Have you ever been employed with us before? If Yes, give date:

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be require upon employment.

On what date would you be available for work? / /

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.
If yes, please explain

Education

| | Elementary School | | | | High School | | | | Undergraduate College/University | | | | Graduate/Professional | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|--------------------------------|----------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| School Name and Location | | | | | | | | | | | | | | | | | |
| Years Completed | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> | 10 <input type="checkbox"/> | 11 <input type="checkbox"/> | 12 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Diploma/Degree | | | | | | | | | | | | | | | | | |
| Describe Course of Study | | | | | | | | | | | | | | | | | |
| Describe any specialized Training, apprenticeship, skills and extra-curricular activities | | | | | | | | | | | | | | | | | |
| Describe any honors you have received | | | | | | | | | | | | | | | | | |
| State any additional information you feel may be helpful to us in considering your application | | | | | | | | | | | | | | | | | |

| Indicate any foreign languages you can speak, read and/or write | | | |
|---|--------------------------|--------------------------|--------------------------|
| | FLUENT | GOOD | FAIR |
| SPEAK | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| READ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WRITE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

| Name | Address | Phone Number | Years Known |
|------|---------|--------------|-------------|
| | | ()- - | |
| | | ()- - | |
| | | ()- - | |

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe:

| |
|--|
| |
|--|

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

| | | | | |
|-------------------------------|------------|--------------------|-------|----------------|
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | / | / | |
| Telephone Number(s) ()- - | | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | \$ | \$ | |
| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | / | / | |
| Telephone Number(s) ()- - | | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | \$ | \$ | |
| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | / | / | |
| Telephone Number(s) ()- - | | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | \$ | \$ | |
| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | / | / | |
| Telephone Number(s) ()- - | | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | \$ | \$ | |
| Reason for Leaving | | | | |

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application form employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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Arrange Interview Yes No

Remarks

| | |
|--|--|
| | |
|--|--|

Interviewer _____

Date _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Department _____

By _____ DATE _____

NAME AND TITLE

DATE

Notes

| |
|--|
| |
|--|

Employment Data Record

GLEAMNS HRC
PO BOX 1326
GREENWOOD, SC 29648

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for the Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you chose to volunteer the requested information, please note all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISIONS.**

VOLUNTARY SURVEY

(Please Print)

Date:

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

| | | | |
|---------------------|-------|-----|--|
| Name | | | |
| Address | | | |
| City | State | Zip | |
| - | - | | |
| Social Security No. | | | |

| ✓ Complete Only The Sections Below That Have Been Checked | | | |
|---|--|---|---|
| ✓ | Current Job | | |
| ✓ | Check One: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| ✓ | Check One of The Following: (Ethnic Origin) | | |
| | <input type="checkbox"/> White | <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian/Alaskan Native |
| | <input type="checkbox"/> Black | <input type="checkbox"/> Other | <input type="checkbox"/> Asian/Pacific Islander |
| ✓ | Check If Any Of The Following Are Applicable | | |
| | <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Handicapped Individual |
| | Birth Date | / | / |

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Position(s) Applied For is Open: Yes

No

Position(s) Considered For: _____

Date: _____

NOTES:

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