

EDUCATION

TOWN OF KINGSTREE 401 N. LONGSTREET ST. KINGSTREE, SC 29556 (843) 355-7484

EMPLOYMENT APPLICATION

An equal opportunity employer.

PERSONAL	L					
Name:		(First)		(Middle)		
, ,		, ,		(Middle)		
Address:	(Street)	(City)		(State)	(Zip Code)	
Telephone: Date		, ,,	_ Soc			
•	,			•	(For background checks only)	
				Expiration Date:		
Have you eve	er been convicted of a f e years?	elony Yes No	Explair	Felony:		
Are you auth	orized to work in the U	nited States? Yes No				
JOB INTER	RESTS/SKILLS					
Position(s) a	pplied for:			Salary Desired:		
Have you app	olied for a position here	before? Yes No	If yes,	when?		
Type of emplo	oyment requested	Full Time Part Time		Temporary [Summer	
Date you cou	ıld heain workina:		Typina	Speed (WPM):		
		or qualifications/related to the po				
EDUCATIO)N		1			
TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY		DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED		
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
OTHER						

Name of Employer:							
Address:		(City)		(State)	(Zip Code)		
Supervisor and Title:			_ Your Job Title:_				
Employed From:	To:	Starting Salary:			Ending Salary:		
Explain Work Performed:							
Specify Reason for Leaving: _							
Name of Employer:							
Address:							
(Street) Supervisor and Title:		(City)	Your Job Title:		(Zip Code)		
•							
Employed From:					Jaiai y		
Explain Work Performed:							
Specify Reason for Leaving: _				-			
Name of Employer:							
Address:		(City)	· · · · · · · · · · · · · · · · · · ·	(State)	(Zip Code)		
Supervisor and Title:			Your Job Title:				
Employed From:	To:	_To: StartingSalar <u>y:</u>		EndingSalary:			
Explain Work Performed:							
Specify Reason for Leaving: _							
REFERENCES JOB REL	ATED						
Name	Relationship		Home Phone		Daytime Phone		
				- 1			

the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information

_____ Date: _____

collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature: _