

APPLICATION FOR EMPLOYMENT

**TOWN OF ST. GEORGE
PO BOX 904
305 RIDGE STREET
ST. GEORGE, SC 29477
843-563-3032**

This company is an equal opportunity employer
and will not discriminate against any applicant on the basis
of any characteristic that is protected by state or federal law.

**THIS COMPANY IS AN AT-WILL EMPLOYER, MEANING THAT
EITHER THE EMPLOYER OR EMPLOYEE CAN END THE EMPLOYMENT
RELATIONSHIP AT ANY TIME AND FOR ANY REASON OR NO REASON.**

Position Applied For: _____ Date of Application _____

Date You Can Start: _____ Birthdate: _____

Name _____ Social Security # _____

Present
Address _____
Street City State Zip

Telephone # _____ Drivers License # _____

List Previous address if address has changed during the past 5 years.

Street City State Zip from (date) to

Are there any hours or days of the week you cannot work? _____ If so, when? _____

Salary Desired _____ Type of Employment _____ Full Time _____ Part Time

Are you employed now? _____ May we contact your present employer? _____

Have you ever been employed with the Town before or have any relatives currently working?

____ yes ____ no What relationship are they to you? _____

PERSONAL REFERENCES

List two personal references who have known you at least two years. (Do not list any relatives)

1) _____
name address phone # years known

2) _____
name address phone # years known

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EMPLOYMENT RECORD

Starting with your present or most recent employer, list your last four employers.

Employment Date	Name and Address of Employer	Salary	Position	Reason for leaving

Have you ever been convicted of a felony? ____ yes ____ no

If yes, explain in detail _____

EDUCATION

	NAME AND ADDRESS OF SCHOOL ATTENDED	NO. OF YRS. ATTENDED	DID YOU GRADUATE?	SUBJECT/ MAJOR
HIGH SCH.				
COLLEGE				
TRADE/BUS.				

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HEALTH INFORMATION

Do you have, or have you ever had any of the following physical conditions? Answer yes or no
(If yes, explain on separate sheet)

	Yes	No		Yes	No
Tuberculosis	_____	_____	Oseomyelitis	_____	_____
Asthma	_____	_____	Allergy	_____	_____
Emphysema	_____	_____	Hemophilia	_____	_____
Diabetes	_____	_____	High Blood Pressure	_____	_____
Epilepsy	_____	_____	Heart Trouble	_____	_____
Venereal Disease	_____	_____	Arteriosclerosis	_____	_____
Rheumatism/Gout	_____	_____	Mental Disorders	_____	_____
Rupture or Hernia	_____	_____	Nervous Disorders	_____	_____
Back Trouble/Injury	_____	_____	Neck Trouble/Injury	_____	_____
Hearing Defects	_____	_____	Eye Defects	_____	_____

PLEASE READ BEFORE SIGNING

I understand that the Town of St. George may investigate all of the statements made on this application form and that any misrepresentation or omission is cause for dismissal.

I further understand that the application will receive active consideration for thirty (30) days only.

Signature

Date

OFFICE USE ONLY	
Police Record Check _____	Pass _____ Fail _____ Initials _____
Interviewed _____	
Date of Hire _____	Application Denied _____

WAIVER AND ACKNOWLEDGEMENT

1. I, hereby agree to waive any objection or right I may have with respect to:
 - a. Access to any personal information the Town of St. George may seek with respect to my potential employment as a Police officer with the Town of St. George
 - b. Any personal information acquired in reference to myself by the Town of St. George from any agency, person or entity with respect to my qualifications and fitness as a Police Officer to include but not be limited to the following:
 1. Criminal History Information
 2. Previous Employment Information
 3. Credit History Information
 4. Medical Information
 - c. Information of a confidential or privileged nature.
2. I, hereby release you, your organization, the Town of St. George and others from any liability or damage that may result from furnishing information requested.
3. I, hereby declare that I have read and fully understand the foregoing information, which is complete, true and correct to the best of my knowledge.

Date:

Signature:

***Please have this document notarized**

SWORN to and subscribed before me this
____ day of _____, 20____

Notary Public for South Carolina

My commission expires: _____