



Michael Welch
Mayor
Levi Mims
Mayor Pro-Tem

TOWN OF OLANTA
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Jennifer Kennedy
Leighann Scurry
Josh Jones
Council Members

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ SC Drivers License Number & Class: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Furthermore, I understand that a resume may be attached to this application but is not a substitution for completing the application.

All employees at the Town of Olanta are employed at-will and may quit or be terminated at any time and for any reason. Nothing in any of the Town's rules, policies, handbooks, or procedures relating to employment creates any express or implied contract of employment.

It is the policy of the Town of Olanta to provide equal employment opportunities for all applicants and to administer hiring, conditions, and privileges of employment without discrimination because of race, color, religion, sex, age, national origin, or disability. An applicant will not be turned down because of a disability, unless the applicant fails to meet the job related requirements or cannot perform the essential functions of the position after reasonable accommodations have been made.

It is the policy of the Town of Olanta to provide a working environment in which employees are free from discomfort or pressure resulting from jokes, ridicule, slurs, threats, and harassment either relating to such distinctions or simply resulting from lack of consideration for a fellow human being.

Incorporated into the routine pre-employment process for all job applicants is the completion of drug/alcohol screening. Applicants are to be given the drug/alcohol screen as a part of the pre-employment process. Any offer of employment is contingent upon the applicant's screening results, which must be negative prior to the performance of job duties.

I have read and understand the above paragraphs.

Signature: _____ Date: _____