



**EMPLOYMENT APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [ ] Yes [ ] No

Have you ever been convicted of a felony? [ ] Yes [ ] No If yes, please describe circumstances: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment? [ ] Yes [ ] No  
If yes, please describe circumstances \_\_\_\_\_

If selected are you willing to submit to a pre-employment drug screening test? [ ] Yes [ ] No

Position Sought: \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: \_\_\_\_\_

*(Most Recent First.)*

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EMPLOYMENT INFORMATION (continued)**

2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

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 as this may be necessary in arriving at a decision. This application shall be considered active for a period of time not to exceed 45 days.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any agreement or contractor relationship with this organization is of an "at will" nature, which means that the Vendor/Contractor may resign at any time and Low Country Commercial Services may discharge the Vendor/Contractor at any time with or without cause. It is further understood that all vendors and contractors work in an "at will" relationship which 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.

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 set forth by Low Country Commercial Services and the employee handbook.

I hereby certify that the facts set forth in the completed application are true and complete to the best of my knowledge. I understand that if contracted, falsified statements on this application may result in dismissal. I release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are hereby authorized to make any investigation of my personal history academic/professional credentials, military service records, criminal, driving, financial and credit record through any investigative or credit bureaus of your choice.\*Section 604 "(b) of FCRA Provides Conditions for Furnishing and Using Consumer Reports.

ALL POTENTIAL EMPLOYEES AND CONTRACTORS ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_