



TOWN OF MONCK'S CORNER
P.O. BOX 700
MONCK'S CORNER, SC 29461
(843) 719-7900

EMPLOYMENT APPLICATION
An Equal Opportunity Employer

Specify Position Applied For: _____

NAME MIDDLE LAST

Address City State Zip Code

Area Code/Telephone number Drivers License NO./State

E-Mail address

If under 18, list date of birth: _____

NOTHING IN THIS APPLICATION OF IN ANY OF THE RELATED DOCUMENTS CONSTITUTES A CONTRACT OF EMPLOYMENT AND ALL EMPLOYEES OF THE TOWN ARE EMPLOYEES-AT-WILL WHO MAY QUIT AT ANY TIME FOR ANY REASON AND WHO MAY BE TERMINATED AT ANY TIME FOR ANY OR NO REASON. NO ONE OTHER THAN THE TOWN ADMINISTRATOR MAY MAKE ANY PROMISES OR ASSURANCES OR ENTER INTO ANY CONTRACT WHETHER ORAL OR WRITTEN, THAT IN ANY WAY IS CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH, AND ANY SUCH PROMISES, ASSURANCES, OR PURPORTED CONTRACTS SHALL BE INVALID AND NOT BINDING ON THE TOWN UNLESS ADOPTED, ENDORSED, OR AGREED TO IN WRITING BY THE ADMINISTRATOR.

Education	Name and Location of School	No. of Years Attended	Graduate or GED?	Major Degree
High School				
College				
Trade, Business, Correspondence				

Have you ever attended school under a different name? ___Yes ___No.
Please Specify:_____.

Have you applied here before? ___Yes ___No. If Yes give dates:
_____.

Do you have any family members that are employed and/or elected or appointed by the Town of Moncks Corner? ___Yes ___No.

If yes, please list names and positions of family members currently employed:_____.

Have you worked for us before ___Yes ___No.
If Yes, specify dates and positions:_____.

List any special skills you have, equipment you operate, or licenses you have obtained such as the commercial drivers license:

_____.

List specific computer skills to include hardware and software programs:

_____.

Have you ever served as a member of the armed forces? ___Yes ___No

If Yes, please list branch, occupation, duties, dates of service; submit a copy of your DD 214:

_____.

Have you been convicted of a crime other than a minor traffic violation? ___Yes ___No. If Yes, list all dates and nature of offenses:
_____.

NOTE: A Yes answer to any of the above questions does Not automatically disqualify you from employment.

Type of Employment desired: ___ Full Time ___ Part Time ___ Summer

Start Date:_____. Salaried Desired:_____.

If hired are you available to work "on call" status if required and/or the required hours and shifts for the position? ___Yes ___No.

If No, please explain:

Employment History						
List your last four employers, beginning with your current or most recent first. Please complete each section.						
Date, Month, Year		Employer Name/Address/Phone	Supervisor's Name	Salary	Position	Reason for Leaving
From						
To						
From						
To						
From						
To						
From						
To						

May we contact your current employer? Yes No
 May we contact your past employer(s)? Yes No

References			
List three persons, not related to you , whom you have known for at least one year.			
Name	Address	Business/Phone	Years Acquainted
1.			
2.			
3.			

SIGNATURE AND CERTIFICATION

PLEASE READ CAREFULLY BEFORE YOU SIGN!

I understand further that all information contained in this application may be verified through third parties, including schools and prior employers. By signing this application, I affirm that all information in this application is true and complete, and I understand that any misrepresentation, falsification, or omission is sufficient reason for dismissal or refusal of employment.

I understand that, if hired, my employment with the Town will be at will, meaning I can quit at any time for any or no reason and I can be discharged at any time for any or no reason. I understand that this application and related documents do not constitute a contract of employment.

Signature _____ Date _____

The Town of Moncks Corner is an **EQUAL OPPORTUNITY EMPLOYER**. We adhere to a policy of making all employment decisions without regard to race, color, religion, sex, national origin, age disability, or political affiliation, except where age is a bonafide occupational qualification.

APPLICATION/Revised 09-04-15



Michael A. Locklear, Mayor

Rick Ollic, Chief of Police

Authorization For Release Of Information

TO:

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (college, business, trade or high school), **or Town of Moncks Corner**

Any past or present Employer, **or Town of Moncks Corner**

I, _____, am aware that my entire background, to include a criminal background check, is to be investigated and hereby authorize and request the release of any and all information you have concerning me, excluding health care information, to the Human Resource Office for the Town of Moncks Corner as my authorized representative for the purpose of obtaining this information.

I, hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any liability for damages of whatever kind to me, my family, hiers or associates as a result of giving such information, except that I do not release anyone who gives information that he or she knows is false, deliberately intending to harm me.

Print Name: _____ SSN: _____

Date of Birth: _____ Divers Lic. No/State: _____

Street Address: _____ City: _____

State of: _____ County of: _____

Signature: _____ Date: _____

Sworn and Subscribed before me on this day _____ of _____ 20_____

Notary for the State of South Carolina, County of Berkeley:

_____ My commission Expires: _____ 20_____

Notary Signature

HR USE ONLY:
AP# _____

APPLICANT DATA RECORD

THE TOWN OF MONCK'S CORNER'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING DISCRIMINATION. APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX, VETERAN STATUS OR DISABILITY.

NAME (as it appears on Social Security card):

Last First Middle Maiden

Social Security Number: _____ Phone: (_____) _____

Address: _____
Street City State Zip Code

Date of Birth: _____ Age: _____

Position applying for: _____

Date: _____

AS EMPLOYERS / GOVERNMENT CONTRACTORS, WE COMPLY WITH GOVERNMENT REGULATIONS AND AFFIRMATIVE ACTION RESPONSIBILITIES. SOLELY TO HELP US COMPLY WITH GOVERNMENT RECORD KEEPING, REPORTING AND OTHER LEGAL REQUIREMENTS, PLEASE COMPLETE THE APPLICANT DATA RECORD. IT WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT. WE APPRECIATE YOUR COOPERATION.

CHECK ONE: [] Male [] Female

CHECK ONE: [] White
[] Black or African-American
[] Hispanic or Latino
[] Native Hawaiian/Pacific Islander
[] American Indian/Alaskan Native
[] Asian
[] Two or More Races

How did you hear about this job?

CHECK ONE: [] Town Employee
[] Job Line
[] Website
[] Newspaper Ad
[] Office Visit
[] Job Service
[] Other