

**TOWN OF RIDGE SPRING
APPLICATION FOR AT-WILL EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. This application is not an employment contract, but merely is intended to evaluate suitability for employment. A pre-employment drug screening and/or a background check may be a condition of employment.

WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

PERSONAL INFORMATION

NAME: _____ Social Security # _____
 Last First Middle

Home Phone: _____ Work Phone: _____

Please list below your current address and your other most recent address:

Current: _____ Since _____

Other Most Recent: _____ Since _____

EMPLOYMENT INFORMATION

Position Applied For: _____

Date You Can Start Work: _____

Desired Salary: _____ Do You Prefer Full Time ___ Part Time ___

Are you legally eligible for work in the United States? YES ___ NO ___

Will you work overtime when necessary? YES ___ NO ___

Do you understand the job requirements? YES ___ NO ___ (If no, please explain _____)

Are you on layoff and subject to recall? YES ___ NO ___

Have you ever been discharged or asked to resign from a job? (If Yes, please explain.) YES ___ NO ___

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? (If Yes, please provide date(s) and details. YES ___ NO ___

Do you have a valid SC Driver's License? YES ___ NO ___ If yes, number _____

Do you have a Commercial License? YES ___ NO ___

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Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? YES ___ NO ___

Please list any special skills, specialized training you may have that relate to the position applied for:(i.e.: foreign language,specific computer training, machine operation) _____

If presently employed, why do you desire to change your position? _____

May we contact your present employer? YES ___ NO ___

EDUCATION

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	YRS. COMPLETED
Elementary School			
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

High School Equivalency Test (GED): YES ___ NO ___ If yes, when? _____ State _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments, self-employment, summer and part-time jobs.

1. Employer _____
 Address _____
 Phone # _____ From Month _____ Year _____ To Month _____ Year _____
 Hours per week _____ Starting Salary _____ Final Salary _____
 Job Title _____ Supervisor _____
 Reason for leaving _____
 Work Performed _____

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2. Employer _____
Address _____
Telephone # _____ From month _____ Year _____ To month _____ Year _____
Hours per week _____ Starting Salary _____ Final Salary _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Work Performed _____

3. Employer _____
Address _____
Telephone # _____ From month _____ Year _____ To month _____ Year _____
Hours per week _____ Starting Salary _____ Final Salary _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Work Performed _____

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

Three individuals (not former employers or relatives) who have known you for at least three years.

1. Name _____

Address & Telephone _____

Relationship _____ Yrs. Acquainted _____

2. Name _____

Address & Telephone _____

Relationship _____ Yrs. Acquainted _____

3. Name _____

Address & Telephone _____

Relationship _____ Yrs. Acquainted _____

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APPLICANT'S STATEMENT: PLEASE READ BEFORE SIGNING

I certify that answers given herein are true and complete, I understand that if employed, false or misleading statements on this application shall be considered immediate cause for dismissal. I understand also that I am required to abide by all rules and regulations of the employer.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby waive any and all rights and claims that I may have regarding the employer, its agents, employers, or representatives for seeking, gathering, and using truthful and nondefamatory information in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Ridge Spring is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Town of Ridge Spring.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT'S STATEMENT.

Date

Signature of Applicant