



Town of Ware Shoals

P.O. BOX 510
WARE SHOALS, SOUTH CAROLINA 29692
TELEPHONE 864 / 456-7478
FAX 864 / 456-7528

Date application received:

(For office use only)

Employment Application

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Phone: (____) ____-____; Cell Phone (____) ____-____

Social Security #: ____-____-____ Are you at least 16 years of age? YES NO

**THE TOWN OF WARE SHOALS DOES NOT DISCRIMINATE ON THE
BASIS OF RACE, COLOR, CREED, NATIONAL ORIGIN, SEX,
RELIGION, AGE, HANDICAPPED/DISABLED STATUS IN
EMPLOYMENT OR THE PROVIDING OF SERVICES. WE ARE AN
EQUAL OPPORTUNITY EMPLOYER.**

Are you a United States Citizen? YES NO (If NO, then proof of citizenship or immigration status will be required upon employment.)

Position Applying for: _____

Date you are available to work: ____________ Minimum Acceptable Salary: _____

What type of work would you accept? FULL TIME PART TIME TEMPORARY

List types of skills you have or any type of equipment you can operate:

Clerical Skills: Typing ____ WPM
Use of Copier: YES NO Computer Skills: YES NO
Use of Fax Machine: YES NO

Background Information

Have you ever been convicted or plead guilty to a crime other than a minor traffic violation?

YES NO (If YES, please explain below)

Have you ever been Bonded? YES NO

Do you have a valid Driver's License? YES NO

If YES: License #: _____ State: _____

Expiration Date: ____________

Education

Please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 7 8

Do you have a high school diploma? YES NO GED/Equivalent? YES NO

Name of School & Location	From – To (Month/Year)	Graduated? Yes or No Year?	Degree & Major/Minor
High School(s)			
Technical/Trade			
College(s)			

List any special courses or training you may have received:

Are you certified/trained in a special skill such as CPR? YES NO

Please list certifications and expiration date:

Military History

Branch of Service: _____

Dates of Service: From: ____ \ ____ to: ____ \ ____

Rank on Entry: _____ Rank on Discharge: _____

Do you have a copy of your DD214 (Honorable Discharge)? YES NO

List specialized training you received:

Work History

Are you currently employed? YES NO

If so, may we contact them? YES NO

Please list your work history starting with your most recent position:

1. Name and Address of Company: _____ _____ _____	Work Phone & Supervisor's Name: _____ _____ _____
Position Title:	Salary:
Description of Duties: _____ _____ _____	Reason for Leaving: _____ _____ _____
Dates of Employment: From: ____ \ ____ To: ____ \ ____	May we Contact your Supervisor? YES NO
2. Name and Address of Company: _____ _____ _____	Work Phone & Supervisor's Name: _____ _____ _____

Position Title:	Salary:
Description of Duties: _____ _____ _____	Reason for Leaving: _____ _____ _____
Dates of Employment: From: ____ \ ____ To: ____ \ ____	May we Contact your Supervisor? YES NO

3. Name and Address of Company: _____ _____ _____	Work Phone & Supervisor's Name: _____ _____ _____
Position Title:	Salary:
Description of Duties: _____ _____ _____ _____	Reason for Leaving: _____ _____ _____ _____
Dates of Employment: From: ____ \ ____ To: ____ \ ____	May we Contact your Supervisor? YES NO

4. Name and Address of Company: _____ _____ _____	Work Phone & Supervisor's Name: _____ _____ _____
Position Title:	Salary:
Description of Duties: _____ _____ _____ _____	Reason for Leaving: _____ _____ _____ _____
Dates of Employment: From: ____ \ ____ To: ____ \ ____	May we Contact your Supervisor? YES NO

5. Name and Address of Company: _____ _____ _____	Work Phone & Supervisor's Name: _____ _____ _____
Position Title:	Salary:

Description of Duties: <hr/> <hr/> <hr/>	Reason for Leaving: <hr/> <hr/> <hr/>
Dates of Employment: From: ________ To: ________	May we Contact your Supervisor? YES NO

References

Name	Address	Phone Number
1		Home: (____) ____ - ____ Cell: (____) ____ - ____
2		Home: (____) ____ - ____ Cell: (____) ____ - ____
3		Home: (____) ____ - ____ Cell: (____) ____ - ____

CERTIFICATION OF EMPLOYMENT: I hereby declare the information provided by me in the application for employment is true, correct, and complete. I understand that if employed any miss-statement or omission of fact may result in my being disqualified or terminated. I further understand that I will be required to pass a medical exam and drug testing before any final offer of employment can be made.

Applicants Signature: _____ Date: _____________

Please include copies of SSN Card, Diploma, Driver's License, and any other forms / certificates that may be applicable.