



This application must be completed in full and signed. Incomplete or unsigned applications will not be considered. By filling out this application you are neither guaranteed an interview nor a job. The Town of Ridgeville is an employment at will organization and, therefore, has no permanent employees. If you are selected for an interview, you will be notified by Town Hall or the Department Head.

**Mailing Address: Town of Ridgeville, Employment, 105 School St, Ridgeville, SC 29472**

## EMPLOYEE INFORMATION

<b>Position Applied For:</b>			<b>Date of Application:</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Cell Phone Number:</b>	
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Referral Source</b>				

Are you currently a Town of Ridgeville employee?       Yes    No      If yes, specify dept. \_\_\_\_\_

Are you able to provide proof that you are authorized to work in the United States?       Yes    No

Have you been employed here before?       Yes    No      If yes, Position Dates \_\_\_\_\_

Do you have any relatives employed here?       Yes    No      If yes, Name Relationship \_\_\_\_\_

Have you been convicted of anything other than a minor traffic offense?  
and nature of offense(s):       Yes    No      If yes, please specify date(s)

Do you have a valid Driver's License?       Yes    No      State/License Number: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Are you willing to work (Check all that apply) :

- Full Time ( 40 hours or more )       Part-Time ( Less than 30 hours per week )
- Temporary       Rotating Shifts       Weekends

## EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years of history recommended.

Employer name and address:   Pay: \$ Per:	Position title/duties, skills:   Supervisor: _____ Telephone: _____	Start date:	End date:
		Reason for leaving:	
Employer name and address:   Pay: \$ Per:	Position title/duties, skills:   Supervisor: _____ Telephone: _____	Start date:	End date:
		Reason for leaving:	
Employer name and address:   Pay: \$ Per:	Position title/duties, skills:   Supervisor: _____ Telephone: _____	Start date:	End date:
		Reason for leaving:	
Employer name and address:   Pay: \$ Per:	Position title/duties, skills:   Supervisor: _____ Telephone: _____	Start date:	End date:
		Reason for leaving:	

Summarize other employment related to this job:

## EDUCATION

	Institution name	Years completed	Field of study	Graduate or degree
High school				
College/university				
Business/technical				
Additional				

## MILITARY

Are you a veteran?  Yes  No

Duty/specialized  
training: \_\_\_\_\_

## SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations: \_\_\_\_\_

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention: \_\_\_\_\_

## REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## CONTACT

In case of accident or illness, please contact: Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

## INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

## An Equal Opportunity Employer

The Town of Ridgeville is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Town invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. We ask for your cooperation in completing and returning the following information. This form will be separated from your application and not used in the screening or interviewing processes.

Full Name		SSN	Date of Birth
Address		Telephone Number	
DL/CDL Number	State Issued	Do you have a Class A or B Commercial Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If Not, do you have a CDL Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Female  <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black/ African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Two or more races ( Hispanic or Latino) <input type="checkbox"/> White	Check one, if applicable <input type="checkbox"/> Disabled Individual <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Veteran
Position Applied For:			

I hereby authorize any city, county, state or federal agency, department or bureau to release any information in their files under the above name. I understand and realize that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I further release all personnel whomever from any liability arising out of or resulting from the release of this information.

Signature of Applicant: \_\_\_\_\_