



1835 Rogers Road Anderson, SC 29621  
864-224-3358

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For	Date of Application

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number (Home)	(Cell)	Best time to contact you
		Email Address

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes No

Have you ever filed an application with us before?..... Yes No  
If Yes, when \_\_\_\_\_

Have you ever been employed with us before?..... Yes No  
If Yes, when \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?..... Yes No

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.*..... Yes No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (please indicate 1 2 3 shift)  
 Part-Time (please indicate Mornings Afternoon Evenings Weekends)  
 Temporary (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall?..... Yes No

Can you travel if a job requires it?..... Yes No

## EDUCATION

School	Name and Address	Course of Study	# of Yrs Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary Starting                  Final		
Supervisor			
Reason for Leaving	May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary Starting                  Final		
Supervisor			
Reason for Leaving	May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary Starting                  Final		
Supervisor			
Reason for Leaving	May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**REFERENCES** Do not include family members or personal friends.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

Do you have any felony convictions?  Yes  No  
 Answering yes could disqualify an applicant for a job-related reason and not just because of the conviction itself.

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 this organization.

In the event of employment, 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 of the Employer.

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