

# Application for Employment



**Taylor's Fire & Sewer District**

3335 Wade Hampton Blvd.

Taylor's, SC 29687

Phone: (864) 244-5596 Fax: (864) 292-4975

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Street

City

State

ZIP Code

Telephone # ( ) Cellular/Other Phone # ( ) E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral Source** (Please check the appropriate category and list the source.)

- |  |   |
|--|---|
| <input type="checkbox"/> Walk-In _____           | <input type="checkbox"/> School _____                       |
| <input type="checkbox"/> Employee _____          | <input type="checkbox"/> Job Fair _____                     |
| <input type="checkbox"/> Advertisement _____     | <input type="checkbox"/> Staffing Agency _____              |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____    | <input type="checkbox"/> Other _____                        |

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_ AM PM

☐ Home ☐ Cellular/Other

May we contact you at work? \_\_\_\_\_ ☐ Yes ☐ No

If **yes**, work number and best time to call:

( ) : \_\_\_\_\_ AM PM

If you are under 18 and it is required,  
can you furnish a work permit? \_\_\_\_\_ ☐ Yes ☐ No

If **no**, please explain: \_\_\_\_\_

Have you submitted an application here before? \_\_\_\_\_ ☐ Yes ☐ No

If **yes**, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ ☐ Yes ☐ No

If **yes**, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this application a request for reemployment  
following an extended military leave of absence  
from this company? \_\_\_\_\_ ☐ Yes ☐ No

Are you legally eligible for employment  
in this country? \_\_\_\_\_ ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired: ☐ Full-Time ☐ Part-Time  
☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? \_\_\_\_\_ ☐ Yes ☐ No

Will you travel if job requires it? \_\_\_\_\_ ☐ Yes ☐ No

If they have been explained to you, are you able to meet the  
attendance requirements of the position? \_\_\_\_\_ ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? \_\_\_\_\_ ☐ Yes ☐ No

If **no**, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which  
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the  
job's "essential functions" to respond

Driver's license number required if driving may be required in the  
job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ ☐ Yes ☐ No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to  
or been convicted of a crime? \_\_\_\_\_ ☐ Yes ☐ No

If **yes**, please provide date(s) and details: \_\_\_\_\_

Have you entered into an agreement with any former employer or other  
party (such as a noncompetition agreement) that might, in any way,  
restrict your ability to work for our company? \_\_\_\_\_ ☐ Yes ☐ No

If **yes**, please explain: \_\_\_\_\_



## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # (      )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$      per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$      per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # (      )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$      per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$      per
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		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$      per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job? ..... ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing _____ Years: _____	<input type="checkbox"/> Internet _____ Years: _____
<input type="checkbox"/> Spreadsheet _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____
<input type="checkbox"/> Presentation _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____
<input type="checkbox"/> E-mail _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors.  
If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

## Social Security Number

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.



## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

☐ Yes ☐ No ☐ Not Applicable

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_  
\_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

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 (i) eliminate me from further consideration for employment, or (ii) 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 STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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



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800-999-9111 • www.gneil.com to reorder  
Application for Employment (Long Form) #R8-A1821



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# New Hire EEO-1 Data Sheet

Please complete this New Hire EEO-1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. **This information will not be used as the basis for any adverse employment decision.**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ How long at present address? \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ How long at previous address? \_\_\_\_\_

☐ Male ☐ Female

## EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your 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.

Please check the EEO Identification Group that best applies to you:

- ☐ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the races above, excluding Hispanic or Latino.

In the event you believe there is a reasonable accommodation that will assist you in performing the essential functions of your job, please contact your manager or Human Resources.

### To Be Completed by Employers:

<input type="checkbox"/> Executive/Senior-Level Officials and Managers	<input type="checkbox"/> Administrative Support Workers
<input type="checkbox"/> First/Mid-Level Officials and Managers	<input type="checkbox"/> Craft Workers
<input type="checkbox"/> Professionals	<input type="checkbox"/> Operatives
<input type="checkbox"/> Technicians	<input type="checkbox"/> Laborers and Helpers
<input type="checkbox"/> Sales Workers	<input type="checkbox"/> Service Workers

1. **White (Not Hispanic or Latino)** - A person having origins in any of the peoples of Europe, North Africa, or the Middle East.

2. **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

3. **Hispanic or Latino (Not Hispanic or Latino)** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

4. **Hispanic or Latino (Hispanic or Latino)** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

5. **Hispanic or Latino (Hispanic or Latino)** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

6. **Hispanic or Latino (Hispanic or Latino)** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

7. **Hispanic or Latino (Hispanic or Latino)** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

8. **Hispanic or Latino (Hispanic or Latino)** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

9. **Hispanic or Latino (Hispanic or Latino)** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

10. **Hispanic or Latino (Hispanic or Latino)** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

\* To be filed separately from employment application.\*



## Background Check Disclosure & Authorization

### Disclosure to Applicant/Employee That a Consumer Report May Be Obtained by Employer

Please note that in connection with your application for employment and/or ongoing employment with our Company, we may obtain a "consumer report," as defined in the Fair Credit Reporting Act (FCRA), from a consumer reporting agency. Consumer reports include, but are not limited to, credit reports, criminal background checks and motor vehicle reports.

### Authorization for Employer to Obtain Consumer Report

By signing below, I hereby acknowledge that I have read the above disclosure and voluntarily authorize the Company, including its agents and representatives, to obtain a consumer report on me for use in connection with my application for employment or ongoing employment with the Company. If hired or currently employed, I understand that this authorization will remain on file and will serve as an ongoing authorization, to the extent permitted by law, for a consumer report to be lawfully obtained at any time in connection with my employment.

I further understand that the Company will provide me a copy of the consumer report if the information in the report is used, in any way, to make decisions regarding my fitness for employment or ongoing employment with the Company. I understand that the report will be made available to me before any employment decisions are made, along with a summary of my rights under the Fair Credit Reporting Act.

**The following information is necessary to confirm your identity for completing an accurate background check. It is confidential and will not be taken into consideration in any employment decisions.**

Please Print

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please list previous addresses for the past seven years (in chronological order):

Previous Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Address: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ Other Names Used (alias, maiden): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Signature of Applicant/Employee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Company/Employer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: Keep the Background Check Disclosure & Authorization form separate from other employee personnel records.  
Give applicant/employee a copy of this form and retain the original for your records.



# South Carolina Department of Motor Vehicles

## Request for Driver Information

MV-70  
(Rev. 6/11)

### PART 1

Part 1 must be completed before information listed on Parts 2 (single request) or 3 (multiple requests) will be released. Check the boxes of permissible uses that apply to you under Federal Law (18 USC, Chapter 123). Persons submitting this form to obtain someone else's record should read the Federal law before signing. See Part 3 of this form for how to find a copy of the law.

Under Federal Law, driver personal information may be obtained only for certain uses. The following is a short version of permissible uses. Check the box beside the reason that best explains why you are requesting driver information.

- ☐ 1. For use by any government agency in carrying out its functions.
- ☐ 2. For a business to verify the accuracy of personal information previously provided to the business.
- ☐ 3. To use in any court proceeding or investigation in anticipation of litigation.
- ☐ 4. For research and statistical purposes so long as the personal information is not published, redisclosed, or used to contact individuals. (Such requests are processed only in Blythewood DMV Headquarters. See special instructions on back of this form.)
- ☐ 5. For use by an insurer for claims investigations, rating, and underwriting.
- ☐ 6. For use by an employer or its insurer to verify commercial driver license information.
- ☐ 7. For any other use by the driver or by written consent of the driver. (See "Consent" in Part 2.)

Under penalty of perjury, I state that I am entitled to receive and use this information as permitted under the Driver's Privacy Protection Act of 1994 (18 USC, Chapter 123 as amended). I further acknowledge that if I misuse this information or give it to someone who uses it for an unauthorized purpose, I may be subject to Federal criminal law as well as a civil lawsuit where the minimum award is \$5,000.00.

Print Name of Person/Business Requesting Information	Account Number with DMV (If applicable)	Phone Number	Fax Number (If applicable)
Address of Person/Business Requesting Information	City	State	Zip Code
Print Name of Person Receiving Information	Date	Signature of Person Receiving Information	

### PART 2 - To be used to obtain information on a single driver.

Name	SC DL/BP/ID # (if available)	Date of Birth
Information Requested:		

#### CONSENT: (only needed if Box 7 of Part 1 is checked)

I, \_\_\_\_\_, give consent for the release of my personal information to  
Print name of Driver  
the person shown above.

Signature of Driver	Date
---------------------	------

#### REQUIRED FEES FOR EACH SEPARATE DOCUMENT:

Copy of MVR	\$ 6.00
Copy of Ticket/Suspension Notices	\$ 6.00
Other related documents	\$ 6.00

#### MAIL TO:

Alternative Media  
P.O. Box 1498  
Blythewood, SC 29016-0035

Make check or money order payable to: S.C. Department of Motor Vehicles. (DO NOT SEND CASH THROUGH THE MAIL)

#### OFFICE USE ONLY

Credential Type and Number Presented by Person Receiving Information	Office Code	
Printed Name of Employee Processing Request	Signature of Employee Processing Request	Date