

FRIPP ISLAND PUBLIC SERVICE DISTRICT

**291 Tarpon Boulevard
Fripp Island, South Carolina 29920
(843) 838-2400 (843) 838-4900 fax**

APPLICATION FOR EMPLOYMENT

Please Print Plainly

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, age, religion or national origin.

Personal Information

Date of application: _____

Name: _____ Social Security No.: _____
Last First MI

Address: _____
No. Street City State Zip

Years lived at this address? _____ Telephone No.: _____

Position applied for: 1. _____ Rate of pay expected: \$ _____ per _____
2. _____ Rate of pay expected: \$ _____ per _____

Do you want to work Full Time or *Part Time *Specify days and hours _____

Have you worked for us before? _____ If yes, when? _____

List any friends or relatives working for us _____

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills or qualifications which you feel we should know about? _____

If hired, do you have a reliable means of transportation to get to and from work? Yes No

Do you have a valid drivers license? Yes No State of issue _____ Expiration date _____

Do you have any physical handicaps, injuries or illnesses which would prevent you from performing specific kinds of work? _____ If yes, describe the defect(s) and explain the work limitations please: _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? No Yes, If yes please describe in full _____

Person to be notified in case of accident or emergency
Name: _____ Phone _____
Address: _____
Relationship: _____ Additional phone: _____

References

Name and Occupation Address Phone Number

Educational Background

Type of school	Name and Address	Years attended	Graduated	Major/Area
High School	_____	_____years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	_____years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	_____years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Post Graduate	_____	_____years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Business/Trade	_____	_____years	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other:	_____			

Military Service Record

Have you ever served in the armed forces? Yes No If yes, what branch? _____
 Dates of duty: From ____/____/____ to ____/____/____ Rank? _____
 What were your duties in the Service (include special training)? _____

Prior Work History (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

DATES FROM/TO	EMPLOYER'S NAME AND ADDRESS	SUPERVISOR NAME AND TITLE	REASON FOR LEAVING
_____ _____	_____ _____	_____ _____	_____
EMPLOYER'S PHONE # _____ RATE OF PAY: \$ _____ PER/HR./WK./MO./YEAR <i>Circle One</i>			
Describe in detail the work you did:			

DATES FROM/TO	EMPLOYER'S NAME AND ADDRESS	SUPERVISOR NAME AND TITLE	REASON FOR LEAVING
_____ _____	_____ _____	_____ _____	_____
EMPLOYER'S PHONE # _____ RATE OF PAY: \$ _____ PER/HR./WK./MO./YEAR <i>Circle One</i>			
Describe in detail the work you did:			

DATES FROM/TO	EMPLOYER'S NAME AND ADDRESS	SUPERVISOR NAME AND TITLE	REASON FOR LEAVING
_____	_____	_____	_____
_____	_____	_____	_____
EMPLOYER'S PHONE # _____		RATE OF PAY: \$ _____ PER/HR./WK./MO./YEAR	
<i>Circle One</i>			
Describe in detail the work you did:			

*If additional space is needed to adequately summarize any additional information necessary to describe your full qualifications please use the back side or include a separate sheet of paper.

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus. *NOTE: The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.

Signature of applicant: _____ Attachments: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW YES NO DATE: _____ HOUR: _____

RESULT OF INTERVIEW: _____

ACCEPTABLE FOR EMPLOYMENT? YES NO START DATE: _____

START WAGE \$ _____ PER _____ TITLE: _____

FULL TIME PART TIME OTHER _____ (explain)

DRUG TEST COMPLETE: YES NO DATE OF TEST: _____

INTERVIEWED BY: _____ **APPROVED BY:** _____

COMMENTS: _____
