



EMPLOYMENT APPLICATION

236 Stoneridge Drive, Columbia, SC 29210 ♦ Phone: (803) 376-5390 ♦ Fax: (803) 376-5394

Central Midlands Council of Governments is an Equal Opportunity Employer.

www.centralmidlands.org

I. APPLICANT INFORMATION:

Position Applied for: _____

Name: _____ Soc. Sec. No. XXX-XX-_____

Address: _____
 Street City State Zip Code

Best contact number: _____ Other _____ Email: _____

Yes No Have you, since the age of 18, been convicted of a crime, excluding minor traffic offenses? If yes, give dates, details and penalties for each occurrence, including dates of any probationary periods on a separate sheet. (Note: Each conviction will be judged in relation to time, seriousness, circumstances, and relationship to the position sought, and will not necessarily bar you from employment.)

Yes No Have you ever been discharged or forced to resign? If yes, please explain on a separate sheet.

Yes No Are you eligible to work in the U.S.?

II. TRAINING AND EDUCATION: You must complete all applicable items in this section. The information you give regarding your training and education will be used to determine if you meet minimum qualifications.

High school graduate or General Equivalency (GED) received? Yes No If no, list the highest grade completed _____

Name and Location of College or University	Dates		Credit Hours	Major/ Minor	Did you graduate?	Type of Degree	Date of Degree
	From	To					

PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED

Type	Serial Number	Date Issued	Expiration Date

MILITARY SERVICE: Are you a veteran of the U.S. Military Service? Yes No If yes, what branch? _____

LANGUAGES: List languages you speak, read and write other than English: _____

III. EXPERIENCE: Please complete all applicable items in this section. Begin with your present or most recent job and describe, in the boxes below, all periods of employment such as paid (full or part time), volunteer (full or part time), self-employment, and/or military service.

Name of Employer: _____
Employer Address: _____
Position Held: _____ Date Employed: _____ Date Separated: _____
Supervisor's Name, Title, and Phone Number: _____
Hours per week: _____ Starting Salary: _____ Last Salary: _____
Description of Duties: _____

Reason for leaving or seeking other employment: _____

Name of Employer: _____
Employer Address: _____
Position Held: _____ Date Employed: _____ Date Separated: _____
Supervisor's Name, Title, and Phone Number: _____
Hours per week: _____ Starting Salary: _____ Last Salary: _____
Description of Duties: _____

Reason for leaving or seeking other employment: _____

Name of Employer: _____
Employer Address: _____
Position Held: _____ Date Employed: _____ Date Separated: _____
Supervisor's Name, Title, and Phone Number: _____
Hours per week: _____ Starting Salary: _____ Last Salary: _____
Description of Duties: _____

Reason for leaving or seeking other employment: _____

Make additional copies of this form as needed.

Name of Employer: _____

Employer Address: _____

Position Held: _____ Date Employed: _____ Date Separated: _____

Supervisor's Name, Title, and Phone Number: _____

Hours per week: _____ Starting Salary: _____ Last Salary: _____

Description of Duties: _____

Reason for leaving or seeking other employment: _____

Name of Employer: _____

Employer Address: _____

Position Held: _____ Date Employed: _____ Date Separated: _____

Supervisor's Name, Title, and Phone Number: _____

Hours per week: _____ Starting Salary: _____ Last Salary: _____

Description of Duties: _____

Reason for leaving or seeking other employment: _____

Name of Employer: _____

Employer Address: _____

Position Held: _____ Date Employed: _____ Date Separated: _____

Supervisor's Name, Title, and Phone Number: _____

Hours per week: _____ Starting Salary: _____ Last Salary: _____

Description of Duties: _____

Reason for leaving or seeking other employment: _____

IV. REFERENCES: List three persons who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS	BUSINESS OR OCCUPATION	PHONE NUMBER

Based on the Job Description of the position for which you are applying, are you able to perform the essential functions or duties listed of the job? (Note: you may later be asked to demonstrate your ability to perform these.)

- Yes, but I will need reasonable accommodations or special assistance to perform them.

Please describe: _____

- Yes, and I need no reasonable accommodations or special assistance to do them.

- No

OVERVIEW OF THE HIRING & EMPLOYMENT PROCESS

This application is one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, including this application, please call (803) 376-5390 and ask for assistance.

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT: I affirm that this application contains no misrepresentation or falsification and that the information is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected or, if employment by Central Midlands Council of Governments, I may be terminated from employment.

I authorize investigation of all information contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be a contract for employment.

Signature _____ Date _____