



APPLICATION FOR EMPLOYMENT

Applicant Information

Name: _____ Date: _____
Last First Middle

Address: _____
Street City State ZIP

Phone: _____ Email: _____

Position Applied for: _____ Desired Pay: _____

Have you ever worked for either company before? ☐ YES ☐ NO

Education

High School: _____

City / State: _____ Did you graduate? ☐ YES ☐ NO

College: _____

City / State: _____ Did you graduate? ☐ YES ☐ NO

Degree: _____

Certificates / Specialized Training: _____

Employment History

1. Company: _____

Address: _____

Job Title: _____ Start Date: _____ End Date: _____

Supervisor: _____ Permission to contact? ☐ YES ☐ NO

Phone: _____

Reason for Leaving: _____

2. Company: _____

Address: _____

Job Title: _____ Start Date: _____ End Date: _____

Supervisor: _____ Permission to contact? ☐ YES ☐ NO

Phone: _____

Reason for Leaving: _____

3. Company: _____

Address: _____

Job Title: _____ Start Date: _____ End Date: _____

Supervisor: _____ Permission to contact? ☐ YES ☐ NO

Phone: _____

Reason for Leaving: _____

4. Company: _____

Address: _____

Job Title: _____ Start Date: _____ End Date: _____

Supervisor: _____ Permission to contact? ☐ YES ☐ NO

Phone: _____

Reason for Leaving: _____

References

Name: _____ Relationship: _____

Company: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Company: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Company: _____

Address: _____

Phone: _____ Email: _____

PERSONS SEEKING EMPLOYMENT MUST HAVE VALID DRIVERS LICENSE, MEANS OF TRANSPORTATION AND PROVIDE A THREE (3) YEAR MOTOR VEHICLE REPORT FROM THE S.C. HIGHWAY DEPARTMENT BEFORE BEGINNING EMPLOYMENT.

UPON EMPLOYMENT, PERSONAL SAFETY EQUIPMENT SUCH AS SAFETY SHOES, ETC. (IF REQUIRED FOR YOUR POSITION) MUST BE PURCHASED BY EMPLOYEE.

DRUG TESTING REQUIREMENTS:

- PRE-EMPLOYMENT
- POST-INJURY
- RANDOM

SUBJECT TO TERMINATION OF EMPLOYMENT IF POSITIVE RESULTS UNDER THE PANEL 9 AND/OR BREATH ALCOHOL DRUG SCREEN REQUIREMENTS WHEN TESTED AT ANY OF THE ABOVE TIMES.

SIGNATURE OF APPLICANT