

Please print or type.

Number of attachments _____

Position number _____

Town of Sullivan's Island, South Carolina

An Equal Opportunity Employer

Application for Employment



Employees of the Town of Sullivan's Island and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting Lisa Darrow (PHR), Human Resources.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE TOWN OF SULLIVAN'S ISLAND. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE TOWN RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

****REASONABLE ACCOMMODATIONS MAY BE AVAILABLE TO DISABLED APPLICANTS AND EMPLOYEES UNDER THE ADA/ADAA, IF GIVEN NOTICE BY THE APPLICANT.****

I. POSITION APPLYING FOR:

Position applied for _____ Department _____
(one per application)

II. CONTACT INFORMATION:

Full legal name _____ Maiden Name _____
Last First Middle
Mailing Address _____ Email Address _____
Address _____
City State Zip
Home Phone () Alternate Phone () Notification Preference ☐ Mail ☐ Email

III. OTHER PERSONAL INFORMATION

Do you possess a valid driver's license? ☐ Yes ☐ No If Yes, provide State and Number: _____
Expiration Date: _____ Class (Check One) ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ M ☐ G ☐ CDL
Are you willing to relocate? ☐ Yes ☐ No Can you, after employment, submit proof of your legal right to work in the United States? ☐ Yes ☐ No
What type of job are you looking for? ☐ Full Time ☐ Part Time ☐ Temporary
What types of work will you accept? ☐ Full Time ☐ Part Time
What shifts are you available for work? ☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ On Call (As Needed)
Are you at least 18 years of age? ☐ Yes ☐ No Are you at least 21 years of age? ☐ Yes ☐ No (Public Safety Dept. Applicants Only)

IV. EDUCATION

Are you a high school graduate? ☐ Yes ☐ No Highest Grade Completed _____ Year Completed _____
If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No Date Received _____
Check number of years of post high school education ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
Starting with High School, provide complete information on all schools attended. Include any special courses or training school

	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected and completion date: _____

V. EXPERIENCE

Starting with the most recent, describe *ALL* paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. **A resume may not be substituted for this section. However, a resume may be attached upon full completion of the application.**

You may list significantly different jobs within the same organization as separate items. **May we contact your present supervisor?**

☐ Yes ☐ No

1. Job Title _____	Duties: _____
Employer _____	
Address _____	
_____ Phone _____	
Type of business _____	
Immediate supervisor _____	
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

2. Job Title _____	Duties: _____
Employer _____	
Address _____	
_____ Phone _____	
Type of business _____	
Immediate supervisor _____	
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

3. Job Title _____	Duties: _____
Employer _____	
Address _____	
_____ Phone _____	
Type of business _____	
Immediate supervisor _____	
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

4. Job Title _____	Duties: _____
Employer _____	
Address _____	
_____ Phone _____	
Type of business _____	
Immediate supervisor _____	
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

5. Job Title _____	Duties: _____
Employer _____	
Address _____	
_____ Phone _____	
Type of business _____	
Immediate supervisor _____	
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

VI. ADDITIONAL INFORMATION

Use this space for any additional information to help us evaluate your application, including job related military training, seminars, workshops, and special achievements or specialized skills:

Licenses, certificates, or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

VII. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

VIII. ADDITIONAL INFORMATION

Have you ever been convicted for any violation(s) of law, including moving traffic violations. ☐ Yes ☐ No. If YES, please provide the following:

Charges	Location	Date	Disposition / Status

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction will be evaluated individually.

Do you have any relatives employed with the Town of Sullivan's Island? ☐ Yes ☐ No. If YES, please provide the name and relationship:

Have you ever been discharged or forced to resign from any job? ☐ Yes ☐ No. If YES, please explain below:

IX. CONSENT TO CONDUCT CERTAIN BACKGROUND CHECKS

By providing the information below and by my signature, I consent to allow authorized officers, agents, and employees of the Town of Sullivan's Island, South Carolina to conduct certain background checks to include, but not limited to, law enforcement, a criminal records check, a credit check, a driving records check and other background investigations as applicable. I release the organization, educational entity, present and former employers, law enforcement organizations, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment. **I understand that providing my identification information below is optional, but may be required prior to being offered employment with the Town of Sullivan's Island. Failure to submit your date of birth and social security number on this form will not prohibit employment consideration.**

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Date _____ Applicant Signature _____

X. CERTIFICATIONS – All applications must be signed to be considered

AUTHORITY TO RELEASE INFORMATION—By my signature, I consent to the release of information that may be lawful obtained to authorized officers, agents, and employees of the Town of Sullivan's Island, which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service records; law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and employees of the Town of Sullivan's Island, to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organizations, all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Date _____ Applicant Signature _____

CERTIFICATION OF APPLICANT—By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentations, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Date _____ Applicant Signature _____

Town of Sullivan's Island, South Carolina

An Equal Opportunity Employer



Please print or type.

Number of attachments _____

Position number _____

Application for Employment

Employees of the Town of Sullivan's Island and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting Lisa Darrow (PHR), Human Resources.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE APPLICANT AND THE TOWN OF SULLIVAN'S ISLAND, THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE CITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

****REASONABLE ACCOMODATIONS MAY BE AVAILABLE TO DISABLED APPLICANTS AND EMPLOYEES UNDER THE ADA/ADAA, IF GIVEN NOTICE BY THE APPLICANT****

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM NOT OTHERWISE LISTED AS OPTIONAL.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- APPLY FOR ONE VACANCY PER APPLICATION. RESUMES MAY BE SUBMITTED WITH, BUT NOT IN LEIU OF APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE). INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
- SEPARATELY LIST EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN THE TOWN OF SULLIVAN'S ISLAND. THE TOWN WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

IF YOU WILL NEED REASONABLE ACCOMMODATIONS TO PARTICIPATE IN THE SELECTION PROCEDURES (E.G., INTERVIEW, WRITTEN TESTS, OR JOB DEMONSTRATION), THEN PLEASE CONTACT LISA DARROW, (PHR) HUMAN RESOURCES.

Mailing Address: Town of Sullivan's Island
Attn: Lisa Darrow, Human Resources
PO Box 427
Sullivan's Island, SC 29482

Physical Address for
Non-Postal Delivery:

Town of Sullivan's Island
Attn: Lisa Darrow, Human Resources
2050-B Middle Street
Sullivan's Island, SC 29482

Phone: (843) 883-5744

Fax: (843) 883-3009

www.sullivanisland-sc.com



In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from Acxiom Information Security Services (AISS), 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experiences.

Applicant Name _____ Date of Birth* _____ Social Security Number _____

Alias/Maiden Name(s)

Current Address	City & State	Zip Code
-----------------	--------------	----------

Drivers License #	State	Prospective Employer
-------------------	-------	----------------------

Applicant's Signature _____ Date _____

***Date of Birth is being requested in order to obtain accurate retrieval of records.**

California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy direct from AISS. California applicants may receive a copy from either the prospective employer or AISS.

Notice to California Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.