



**Town of Prosperity  
250 School Drive, P.O. Box 36  
Prosperity, SC 29127**

**APPLICATION FOR AT-WILL EMPLOYMENT**

**(An Equal Opportunity Employer)**

We consider applicants for all positions without regard to race, creed, color, religion, sex, national origin, age, marital or veteran status, disability, political affiliation, or legally protected status. We will give this application every consideration. However, in accepting it, the County of Newberry makes no commitment of employment to the applicant. This application pertains only to the position applied for below.

**WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**

**(PLEASE PRINT OR TYPE IN BLACK INK)**

DATE OF APPLICATION: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Social Security Number)

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Do you possess a valid driver's license?  Yes  No \_\_\_\_\_ If yes, provide  
(State)

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Class (check one)  A  B  C  D  E  F  M  G

Do you have any relatives employed with the Town of Prosperity?  Yes  No If yes, please provide names below:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Department \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Department \_\_\_\_\_

Have you ever been employed by Newberry County?  Yes  No What Year? \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Were you in the U.S. Armed Forces?  Yes  No

If yes, List Branch and Rank at discharge \_\_\_\_\_

Dates of Duty: From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_

**EDUCATION:**

Name of High School and Location	Highest Year Completed	Did you graduate?	Degree Received	Date Attended
				From: To:
<b>GED:</b>	<b>Date:</b>			
Name of College and Location	Highest Year Completed	Did you graduate?	Degree Received	Date Attended
				From: To:
Other College and Location	Highest Year Completed	Did you graduate?	Degree Received	Date Attended
				From: To:
Trade or Vocational School and Location	Highest Year Completed	Did you graduate?	Degree Received	Date Attended
				From: To:

Do you possess a valid driver's license?  Yes  No \_\_\_\_\_ If yes, provide

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Class (check one)  A  B  C  D  E  F  M  G

Are you currently registered or licensed for a profession in South Carolina?  Yes  No

If yes, list Profession/Craft, license number and expiration date: \_\_\_\_\_

List any skills, licenses, certificates or work experience, which have prepared you for or are related to the position you seek (include words per minute typing speed, shorthand and computer software proficiency)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK HISTORY**

Begin with your present or most recent position. List all positions held, including military service, if any. Please answer all questions in this section in complete detail. ***Do not substitute this section with a résumé;*** attach additional sheets if more space is needed. We may call your previous employers.

1. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name and Title of Immediate Supervisor \_\_\_\_\_  
May we contact this Employer? \_\_\_\_\_ Phone \_\_\_\_\_  
Detailed description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name and Title of Immediate Supervisor \_\_\_\_\_  
May we contact this Employer? \_\_\_\_\_ Phone \_\_\_\_\_  
Detailed description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name and Title of Immediate Supervisor \_\_\_\_\_  
May we contact this Employer? \_\_\_\_\_ Phone \_\_\_\_\_  
Detailed description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name and Title of Immediate Supervisor \_\_\_\_\_  
May we contact this Employer? \_\_\_\_\_ Phone \_\_\_\_\_  
Detailed description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name and Title of Immediate Supervisor \_\_\_\_\_  
May we contact this Employer? \_\_\_\_\_ Phone \_\_\_\_\_  
Detailed description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name and Title of Immediate Supervisor \_\_\_\_\_  
May we contact this Employer? \_\_\_\_\_ Phone \_\_\_\_\_  
Detailed description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EEO DATA REPORTING FORM

The federal government requires the following information to be collected for statistical reporting as a part of the Affirmative Action Program. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner, which identifies the individual. This form will be removed prior to being forwarded to the hiring authority.

Today's Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Department: \_\_\_\_\_

Sex (check appropriate box)

Male

Female

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(MM) (DD) (YYYY)

Marital Status:  Single

Married

Divorced

Legally Separate

Widowed

Vietnam Era Veteran:  Yes  No

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_

(MM-DD-YYYY)

(MM-DD-YYYY)

(MM-DD-YYYY)

Disabled Veteran:  Yes  No

If yes, VA disability rating \_\_\_\_\_

\_\_\_\_\_

Race (Check appropriate box)

1.  American Indian/Alaskan Native
2.  Asian/Pacific Islanders
3.  Black/Non Hispanic
4.  Hispanic
5.  White/Non Hispanic

Have you been convicted of a criminal offense?  Yes  No

**Note: Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> 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 is evaluated individually.**

If yes, please list charge(s) \_\_\_\_\_

Where Convicted	Date	Disposition/Status
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Have you ever been terminated or forced to resign from any job?  Yes  No **If yes, please explain**  
\_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No  
\_\_\_\_\_

Give the names of two people, not relatives, who are familiar with your work:

Name	Address	Phone #

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS**

**Authority to Release Information:** By my signature, I consent to the release of information to authorized officers, agents, and/or employees of the Town of Prosperity which may include but not be limited to information concerning my past work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel records deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of the County of Newberry to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, 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, and such persons or organizations may rely on a photocopy or a faxed copy of this release as fully as if it were a signed original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification of Applicant:** I affirm, agree and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of facts may result in my being disqualified or my being discharged should I already be employed by any Town of Prosperity Department; my background may be investigated, including a fingerprint check; I may be required to successfully pass a medical examination as a condition of employment; if I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon receipt of acceptable information and verification from such employer prior to beginning work; copies of this form may be furnished to other Town of Prosperity Department Heads. I understand that if hired, I am employed at-will and may be discharged at anytime, without notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_