

Client Location \_\_\_\_\_

**HOME OFFICE:** 4724 Highway 17 Bypass South, Myrtle Beach, S.C. 29588 • (843) 979-4786 • FAX (843) 979-4789

**TO THE APPLICANT:** You must fully complete this application for it to be considered. Applications are active for ninety (90) days; thereafter, you must personally renew the application to be considered for employment. We provide equal opportunities to all applicants and employees without regard to race, color, religion, sex, national origin, age, or disability, in accordance with applicable federal and state laws. Accommodation is available to applicants with a disabling condition, when applying, testing, or interviewing for a position. Please contact the Human Resource Department to request accommodation.

**General Information:**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

If you answer "Yes" to either of the following two questions please explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense(s), the name and location of the court and the disposition of the case (s). A conviction may not disqualify you, but a false statement will.

Are there any felony charges pending against you now?  Yes  No

Have you been convicted of a felony, subject to a deferred adjudication, or entered a plea of "no contest" to a felony charge?  Yes  No

Are you 18 or older?  Yes  No Do you have a valid drivers' license?  Yes  No

If hired, can you provide proof that you are eligible to work in the United States?  Yes  No

In case of emergency please notify \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Employment-Related Information:**

Position applying for \_\_\_\_\_  Full Time  Part Time Date you can start \_\_\_\_\_

Are you willing to work weekends and/or overtime, if required?  Yes  No

Are there any shifts or hours you cannot work?  Yes  No If "Yes," when? \_\_\_\_\_

Are you willing to travel?  Yes  No Are you willing to relocate?  Yes  No

Have you ever applied to or worked for this company before?  Yes  No If "Yes," when? \_\_\_\_\_

Referred for employment by \_\_\_\_\_

**Education and Training:**

Select the highest level of education completed:

High School  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> List any degrees/certifications earned \_\_\_\_\_

College/University  1<sub>yr</sub>  2<sub>yrs</sub>  3<sub>yrs</sub>  4<sub>yrs</sub> \_\_\_\_\_

Graduate/Professional  1<sub>yr</sub>  2<sub>yrs</sub>  3<sub>yrs</sub>  4<sub>yrs</sub> \_\_\_\_\_

List any other education, training, special skills or certificates/licenses that you have acquired which relate to this job.

List any machines or equipment that you are qualified to operate or experienced in operating.

**Former Employers:** ( List below your last three employers, starting with your present or most recent employer first.)

Employer		Dates Employed		Worked Performed	
		From	To		
Address					
City, State, Zip		Hourly Rate/Salary			
		Start	Final	Commissions	Bonuses
Phone	Job Title				
Supervisor	Reason for Leaving				
Employer		Dates Employed		Worked Performed	
		From	To		
Address					
City, State, Zip		Hourly Rate/Salary			
		Start	Final	Commissions	Bonuses
Phone	Job Title				
Supervisor	Reason for Leaving				
Employer		Dates Employed		Worked Performed	
		From	To		
Address					
City, State, Zip		Hourly Rate/Salary			
		Start	Final	Commissions	Bonuses
Phone	Job Title				
Supervisor	Reason for Leaving				

If you are currently employed, may we contact your employer?  Yes  No Are you presently on lay-off status?  Yes  No

**References:** give names, addresses and telephone numbers of three references (not relatives or former employers).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I certify that all of the information provided by me in connection with my application is true and complete, without evasion, and I further understand and agree that such statements may be investigated and misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information that they might have, personal or otherwise, with regard to any other subject covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

I have read and understand Staff One's Substance Abuse Policy. I understand that upon a conditional offer of employment, I may be required to submit to a physical exam, including alcohol and drug testing as set forth in the Policy. I understand that decisions concerning my employment will be made as a result of this test.

If employed, I understand that I will be an employee "at will" and that either Staff One, Inc./Client or I may terminate my employment relationship at any time, with or without cause or notice, for any reason which does not violate the law.

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