

**APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION
THIS FORM TO BE COMPLETED AND SIGNED BY JOB APPLICANT**

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 THAT MAY INCLUDE CONSUMER, CRIMINAL, DRIVING, ACADEMIC AND OTHER REPORTS. FURTHER, I UNDERSTAND THAT YOU MAY BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACADEMIC, EMPLOYMENT, DRIVING, CREDIT, CRIMINAL, CIVIL AND OTHER EXPERIENCES.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER TO FURNISH THE ABOVE INFORMATION:

APPLICANT'S SIGNATURE _____ DATE _____

PRINT FULL NAME _____

PREVIOUS LAST NAMES _____

SOC. SEC. NO. _____ - _____ - _____ DATE OF BIRTH _____

(DOB IS REQUESTED TO INSURE ACCUATE RETRIEVAL OF RECORDS.)

CITY AND STATE OF BIRTH _____

DRIVER'S LICENSE NO. _____ STATE OF ISSUE _____

CURRENT ADDRESS _____

CITY, STATE, ZIP _____

PREVIOUS ADDRESS IF AT ABOVE FOR LESS THAN ONE YEAR:

CITY, STATE, ZIP _____

PROSPECTIVE EMPLOYER:

REQUESTOR _____ (PRINT NAME)

RETURN FAX 843-233-9676/TOLL FREE 800-558-1152

_____ **CA, MN, OK APPLICANTS ONLY: PLEASE CHECK HERE TO HAVE A COPY OF YOUR CONSUMER REPORT SENT DIRECTLY TO YOU BY INFO QUEST INC.**

**APPLICATION FOR EMPLOYMENT FOR
BROAD CREEK PUBLIC SERVICE DISTRICT
P.O. BOX 5787
HILTON HEAD ISLAND, SC 29938**

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?
	Other special training or skills (languages, machine operation, etc.)			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business /Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment records. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying. _____ _____		

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.

(Exclude those which may disclose your race, color, religion, age or national origin)

Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

_____ Date

_____ Signature

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

TEST RESULTS	Tests Administered	Raw Score	Rating	Analysis and Comments

INTERVIEW RESULTS	Interviewer Name and Comments

SELECTFORM, INC. believes that the information solicited from the applicant is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.