

APPLICATION FOR AT-WILL EMPLOYMENT

Sumter County Commission on Alcohol and Drug Abuse

(An Equal Opportunity Employer)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. We will give this application every consideration. However, in accepting it, the Company makes no commitment of employment to the applicant.

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.

BASIC INFORMATION: Please print in ink.

Position Applied For:	Date of Application:
How Did You Learn About Us? <input type="radio"/> Advertisement <input type="radio"/> Friend <input type="radio"/> Walk-In <input type="radio"/> Employment Agency <input type="radio"/> Relative <input type="radio"/> Other _____	

Last Name	First Name	Middle Name
Address	City	State Zip Code
Telephone Number(s)		Social Security Number

Salary requirements: _____ Date Available to Start Work: _____

Have you been convicted of any crimes? Yes No
 If yes, please explain: _____

Are you a United States Citizen? Yes No
 If no, are you lawfully authorized to work in the United States? Yes No

COMPUTER SKILLS:
 Please list computer programs you are proficient in (i.e. Microsoft Word, Excel, PowerPoint): _____

EMPLOYMENT HISTORY: Start with your present or most recent job. Include any job-related military service assignments, self-employment, summer and part-time jobs.

1	Company	Address			Telephone
Dates Employed:	From	To	Starting Salary:\$	Leaving \$	Supervisor
Job Title:		Your Duties:			
Reason for Leaving:					
2	Company	Address			Telephone
Dates Employed:	From	To	Starting Salary	Leaving	Supervisor
Job Title:		Your Duties:			
Reason for Leaving:					
3	Company	Address			Telephone
Dates Employed:	From	To	Starting Salary	Leaving	Supervisor
Job Title:		Your Duties:			
Reason for Leaving:					
4	Company	Address			Telephone
Date Employed:	From	To	Starting Salary	Leaving	Supervisor
Job Title:		Your Duties:			
Reason for Leaving:					

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer? Yes No

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REFERENCES: (not former employers or relatives)

Name	Address	Phone Number

EDUCATION:

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
High			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
College			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
Other (Specify)			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	

If you did not graduate, why did you leave school or college? _____

Are you planning to pursue further studies? Yes No

If yes, Day OR Night School OR Online

If so, what course of study are you pursuing and how does it relate to your career goals? _____

SPECIAL SKILLS OR LICENSING (Please list any special skills or licensing you have obtained. If you are licensed, is it expired or current?): _____

INTERESTS: Use the space below to describe your interest in this agency and the skills and aptitudes you feel qualify you for a position with our Agency. (You may wish to include civic and community activities, professional societies in which you participate, volunteer work, or special training.)

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ACKNOWLEDGEMENT

Please Read Before Signing:

The information I have provided in this Application for Employment is true, correct, and complete. I understand that false, incomplete, or misleading statements of any kind on this application shall be considered 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 have provided, and any other party necessary to verify the accuracy of the 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 60 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. I UNDERSTAND THAT, IF THE COMPANY EMPLOYS ME, EITHER THE COMPANY OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. I also understand that no official of the Company other than the Chief Executive Officer has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

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

Signature of Applicant

Date

FOR OFFICE USE ONLY	
Work Location _____ Position _____	Rate _____ Start Date _____

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