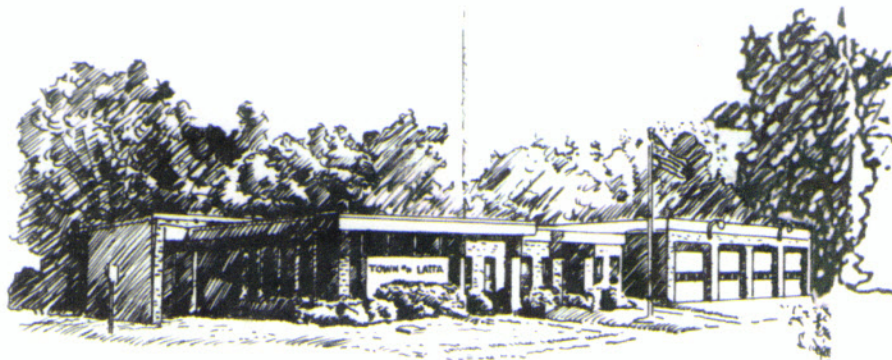


Application For Employment



Town of Latta

107 NW Railroad Avenue
Latta, South Carolina 29565
Telephone (843) 752-5115
Fax (843) 752-4355

APPLICANT INFORMATION

(PLEASE PRINT)

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: (____) ____ - ____ Email Address: _____ SS#: _____ (Optional)

Date Available: _____ Position Applied For: _____ Desired Salary: \$ _____

Are You Legally Authorized To Work In The United States: ☐ Yes ☐ No

Have You Ever Worked For This Company? ☐ Yes ☐ No If Yes, When? _____

Have You Ever Been Convicted, Pled Guilty, Or Pled No Contest To A Crime Other Than A Minor Traffic Violation?
☐ Yes ☐ No

If Yes, Please Explain. Please Note: Conviction Is Not A Bar To Employment. The Nature Of The Offense, The Time Since The Offense, And The Job You Are Applying For Will Be Considered. _____

EDUCATION

High School: Address: _____

Did You Graduate? ☐ Yes ☐ No Degree: _____

College: Address: _____

Did You Graduate? ☐ Yes ☐ No Degree: _____

Other: Address: _____

Did You Graduate? ☐ Yes ☐ No Degree: _____

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) ____ - ____

Address: _____

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) ____ - ____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) ____ - ____

Address: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: (____) ____ - ____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$_____ Ending Salary: \$_____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving: _____

May We Contact Your Previous Supervisor For A Reference? ☐ Yes ☐ No

Company: _____ Phone: (____) ____ - ____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$_____ Ending Salary: \$_____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving: _____

May We Contact Your Previous Supervisor For A Reference? ☐ Yes ☐ No

Company: _____ Phone: (____) ____ - ____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$_____ Ending Salary: \$_____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving: _____

May We Contact Your Previous Supervisor For A Reference? ☐ Yes ☐ No

NOTICE TO APPLICANTS OF POLICY ON OBTAINING CONSUMER REPORTS

AS PART OF OUR PRE-EMPLOYMENT SCREENING, THE TOWN OF LATTA MAY CONTACT A CONSUMER REPORTING AGENCY TO REVIEW ITS FILES ON PEOPLE WHO HAVE APPLIED FOR JOBS WITH THE TOWN. A CONSUMER REPORT INCLUDES, BUT IS NOT LIMITED TO, CREDIT REPORTS AND CRIMINAL HISTORY REPORTS.

IF THE TOWN DECIDES TO REQUEST A CONSUMER REPORT ON YOU, WE WILL CONTACT YOU FIRST AND OBTAIN YOUR WRITTEN PERMISSION TO ACCESS YOUR FILES.

THIS NOTICE IS SUPPLIED IN ACCORDANCE WITH YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. IF THE TOWN DECIDES TO REQUEST A CONSUMER REPORT ON YOU, IT WILL FOLLOW FCRA'S REQUIREMENTS GOVERNING PERMISSION AND USE OF CONSUMER REPORTS IN THE EMPLOYMENT PROCESS.

DISCLAIMER AND SIGNATURE

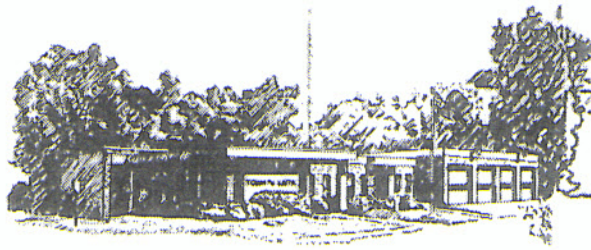
I certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of timing or circumstances of discovery.

I understand that submission of this application does not guarantee employment. I further understand that, should an offer of employment be extended by the Town of Latta, that such employment with the Town is at will, for no specified duration and may be terminated by either the Town or myself at any time, with or without cause or notice.

Signature: _____ Date: _____

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

NOTHING IN THIS APPLICATION OR IN ANY OF THE RELATED DOCUMENTS CONSTITUTES A CONTRACT OF EMPLOYMENT AND ALL EMPLOYEES OF THE TOWN OF LATTA ARE EMPLOYEES-AT-WILL WHO MAY QUIT AT ANY TIME FOR ANY REASON AND WHO MAY BE TERMINATED AT ANY TIME FOR ANY OR NO REASON. NO ONE MAY MAKE ANY PROMISES OR ASSURANCES OR ENTER INTO ANY CONTRACT, WHETHER ORAL OR WRITTEN, THAT IN ANY WAY IS CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH, AND ANY SUCH PROMISES, ASSURANCES OR PURPORTED CONTRACTS SHALL BE INVALID AND NOT BINDING ON THE MUNICIPAL ASSOCIATION UNLESS ADOPTED, ENDORSED OR AGREED TO IN WRITING BY THE EXECUTIVE DIRECTOR.



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AUTHORIZATION TO RECEIVE AND RELEASE INFORMATION

I, _____, hereby authorize the Town of Latta to conduct a pre-employment background investigation on myself. I understand that this investigation will include, but is not limited to, a criminal history, personal history, credit check, and any other information that the Town of Latta deems necessary to determine my status as an applicant.

I, _____, hereby authorize any agency or entity holding such information to release such information to the Town of Latta. I also release any agency or entity from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, or assigns because of compliance with this Authorization to Release Information or any attempt to comply with it.

_____/_____/_____
Date

Applicant Full Name (print)

Witness

Applicant Signature

_____/_____/_____
Social Security Number

AFFIDAVIT

STATE OF SOUTH CAROLINA

_____, being first duly sworn on oath, states as follows:

1. My name is _____. I am applying for an employment position with TOWN OF LATTA. As part of my background investigation, I have been asked to provide this sworn affidavit to attest to whether I have any social network accounts. I understand that as a condition of employment, this background investigation requires that I voluntarily provide access to any such social network accounts I may have. This is necessary to ensure that I meet the criteria for employment with TOWN OF LATTA. I understand that this information in itself will not disqualify me from employment, but will provide the agency with additional information that will assist in a reasonable employment background investigation.

2. (Alternative for current employee) My name is _____. I understand that my employment status with TOWN OF LATTA can be adversely affected if I engage in any conduct that has the potential to adversely affect my job performance or ability to perform or conduct that has the potential to adversely affect the agency's morale, operations or effectiveness. I hereby subscribe that I (do) or (do not) have any social network accounts. I understand that should I be subject to an administrative investigation by my agency that will be enhanced by access to my social network accounts, I will be required to provide access to the assigned investigator. I understand that any such investigation will be strictly limited to my conduct that might have the potential to adversely affect my performance or the operations of my agency.

Subscribed and sworn to before
me this _____ day of _____

Notary Public, State of South Carolina
My Commission _____