



PO Box 2329
 Batesburg-Leesville, SC 29070
 (803) 532-4601 (803) 532-8453 Fax

PERSONAL DATA

Date: _____ Position Applying For: _____

Name: _____ Email Address: _____
Last First MI

Address: _____
Street City State Zip Code

Telephone: _____
Home Business Mobile Other

SSN: _____ Have you been employed by us before? Yes No If yes, when? _____

Do you have a valid Driver's License from the State of South Carolina? Yes No If no, explain: _____

Do you have friends or relatives that work for Town of Batesburg-Leesville? Yes No If yes, list name/relationship.

Name: _____ Relationship: _____
 Name: _____ Relationship: _____

Have you ever been convicted, plead guilty or no contest to any criminal offense other than a minor traffic violation? Yes No
 If yes, describe in full. _____

EDUCATION

NOTE: IF CONSIDERED FOR EMPLOYMENT, PROOF OF EDUCATION LISTED BELOW WILL BE REQUIRED.

	School Name	City/State	Highest Year Completed	Did You Graduate?	Degree/Major
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;">X</div>
	NOTE: All positions require at least a High School Diploma or GED				
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT DATA

Minimum Acceptable Salary: \$ _____ Are you available to work full- time? Yes No

List any professional licenses you hold that are applicable to the position you are applying for:
 Type: _____ License No.: _____ Expiration Date: _____
 Type: _____ License No.: _____ Expiration Date: _____
 Type: _____ License No.: _____ Expiration Date: _____

List any other pertinent experience, skills or training that you have which are related to the position for which you are applying: _____

EMPLOYMENT HISTORY

1. Current or Most Recent Position

Employer's Name: _____

Phone: _____

Address: _____

Position Title: _____

City/State/Zip: _____

Description of Specific Duties: _____

May we contact this employer: Yes No

Supervisor's Name: _____

Dates Employed in this Position: _____ to _____

Reason for Leaving: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

2. Employer's Name: _____

Phone: _____

Address: _____

Position Title: _____

City/State/Zip: _____

Description of Specific Duties: _____

May we contact this employer: Yes No

Supervisor's Name: _____

Dates Employed in this Position: _____ to _____

Reason for Leaving: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

3. Employer's Name: _____

Phone: _____

Address: _____

Position Title: _____

City/State/Zip: _____

Description of Specific Duties: _____

May we contact this employer: Yes No

Supervisor's Name: _____

Dates Employed in this Position: _____ to _____

Reason for Leaving: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

4. Employer's Name: _____

Phone: _____

Address: _____

Position Title: _____

City/State/Zip: _____

Description of Specific Duties: _____

May we contact this employer: Yes No

Supervisor's Name: _____

Dates Employed in this Position: _____ to _____

Reason for Leaving: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

REFERENCES

List three (3) references. Do not include current or past employers, relatives or past/present employees of Town of Batesburg-Leesville. Provide full name, address and phone number.

	Name	Address	Phone No.
1.			
2.			
3.			

MILITARY SERVICE RECORD

Were you in the US Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: _____ to _____ Rank at Discharge: _____

List duties in the service including special training: _____

Have you ever taken any training under the GI Bill of Rights? Yes No If yes, what training did you take? _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

The facts set forth in my application are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

FUTHER I AM AWARE THAT I AM SUBJECT TO DRUG TESTING PRIOR TO ACCEPTANCE FOR EMPLOYMENT, AND IF ACCEPTED THAT I WILL BE SUBJECT TO DRUG TESTING AT ANY TIME DURING MY EMPLOYMENT.

Incomplete information may prevent this application from receiving consideration.

THIS IS NOT A CONTRACT OF
EMPLOYMENT, EITHER EXPRESS OR IMPLIED.
EMPLOYMENT REMAINS
AT-WILL AND MAY BE TERMINATED AT ANY
TIME BY EITHER PARTY WITH OR
WITHOUT NOTICE OR REASON.

**** THIS FORM MUST BE NOTARIZED****

- Town of Batesburg-Leesville is an Equal Opportunity Employer -

Signature of
Applicant:

Date:

Batesburg-Leesville Police Departure Consent Form

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Town of Batesburg-Leesville Police Department; or to any authorized agent of a Criminal Justice Agency or any private agency upon request of the Town of Batesburg-Leesville Police Department, whether the said records are of a public, private, or confidential nature.

The intent to this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or rating) and financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Town of Batesburg-Leesville. I also certify that any person(s) from many and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original therefore, even though the said photocopy does not contain an original writing of my signature.

Signature _____ Date of Birth _____
Printed Name _____ Social Security # _____
Address _____ Phone # _____
Notary Public _____ Date _____
Witness _____

**** THIS FORM MUST BE NOTARIZED****