



## APPLICATION FOR EMPLOYMENT

*The Santee-Lynch Regional Council of Governments is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, or veteran status.*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Position Sought \_\_\_\_\_ Full Time Part Time

Date Available \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you over 18 years old? \_\_\_\_\_

Are you legally eligible for employment in the United States?  
*(If offered employment, you will be required to provide documentation to verify eligibility.)*

### Education:

Highest Education Level Attained: \_\_\_\_\_

#### List up to 3 Degrees/Diplomas/Certifications

Higher Education Institution: Numbers of years completed \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degree Earned \_\_\_\_\_

Year Complete \_\_\_\_\_

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School \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degree Earned \_\_\_\_\_

Year Complete \_\_\_\_\_

**Higher Education Institution:** Numbers of years completed \_\_\_\_\_

School \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degree Earned \_\_\_\_\_

Year Complete \_\_\_\_\_

*\*If you need to list additional Educational Institutions, please use the format above and include on an additional page.*

**Other Applicable Training or Skills:**

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**Professional License, Certifications, and Membership Associations:**

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*\*(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status.)*

**Applicable Software Skills:**

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**Applicable Technical Skills:**

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**Employment:** List current/last employer first, including U.S. Military Service.

May we contact your present employer?    Yes            No

If any employment was under a different name, indicate name: \_\_\_\_\_

**Current/  
Former Employer** \_\_\_\_\_ Address \_\_\_\_\_  
Tel: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisory Role: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_(Mo/Yr) To \_\_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ No. of Hrs. \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Former Employer** \_\_\_\_\_ Address \_\_\_\_\_  
Tel: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisory Role: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_(Mo/Yr) To \_\_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ No. of Hrs. \_\_\_\_\_  
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Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ No. of Hrs. \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Dates of Employment: From \_\_\_\_\_(Mo/Yr) To \_\_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ No. of Hrs. \_\_\_\_\_  
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Tel: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisory Role: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_(Mo/Yr) To \_\_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ No. of Hrs. \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Tel: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisory Role: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_(Mo/Yr) To \_\_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ No. of Hrs. \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

*\*If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.*

Explain any gaps in your work history: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or asked to resign from a job? \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional References (must provide 3):**

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Relationship \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I hereby release Santee-Lynches Regional Council of Governments from any/all liability of whatever kind and nature which, at any time, could result from obtaining and basing an employment decision on such information.

\_\_\_\_\_ **Initial**

I authorize Santee -Lynches Regional Council of Governments to verify their accuracy and to obtain reference information on my work performance from my previous employers.

\_\_\_\_\_ **Initial**

I understand that falsified statements of any kind or omissions of facts called for on this application may result in disqualification for consideration for employment or, if already employed, grounds for immediate dismissal.

\_\_\_\_\_ **Initial**

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of Santee-Lynches Regional Council of Governments. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that employees of Santee-Lynches Regional Council of Governments are employed **AT WILL**. This means that either the employee or the council may end employment at any time and for any or no reason.

\_\_\_\_\_ **Initial**

Name of Applicant \_\_\_\_\_

Date: \_\_\_\_\_