

**TOWN OF MCCORMICK  
AN EQUAL OPPORTUNITY EMPLOYER  
APPLICATION FOR EMPLOYMENT**

This application must be completed in full and signed. Incomplete or unsigned applications will not be considered. By filling out this application you are neither guaranteed an interview nor a job. The Town of McCormick is an employment at will organization and, therefore, the employer or employee can terminate employment at any time without notice. Be aware that certain information contained in this completed job application may be subject to the FREEDOM OF INFORMATION ACT. If you are selected for an interview, you will be notified by the Town.

Position: (One position/One Application)		
		Date of Application:
LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS		
HOME PHONE	CELL PHONE	ALTERNATE CONTACT NUMBER
E-MAIL ADDRESS		

Referral Source     Newspaper                       Walk-in                       Town Employee/Friend

Have you ever been employed with the Town of McCormick?  Yes                       No

Do you have relatives working here?  Yes                       No                      If yes, \_\_\_\_\_

Name	Department	Relation

Are you able to provide proof that you are authorized to work in the United States?  Yes                       No

Have you been convicted of a felony or pled "no contest" to a felony charge within the past seven years?  Yes                       No  
(Note: an answer of "Yes" does not necessarily mean you will not be considered for employment).  
 If yes, please specify date(s) and nature of offense(s): \_\_\_\_\_

**AVAILABILITY**

<input type="checkbox"/> Immediately	<input type="checkbox"/> After two weeks notice	<input type="checkbox"/> Other
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Are you willing to work (Check all that apply):  Full-Time     Part-Time

**EDUCATION**(Beginning with any Colleges Attended or High School – List all schools attended)

School	Highest Level Completed	Degree
School	Highest Level Completed	Degree
School	Highest Level Completed	Degree

**Formal Training:** (You may be required to provide verification.)

Name of Training:	Presented by:	Date(s)	Completed (Yes) (No)
_____	_____	_____	_____
_____	_____	_____	_____

The Town of McCormick is an EQUAL OPPORTUNITY EMPLOYER. All applicants are considered for employment without regard to color, race, sex, religion, age, national origin, marital status, veteran status or disability. If you believe you have been discriminated against for these reasons on consideration of your application, please notify the Mayor's Office, Town of McCormick, PO Box 306, McCormick, SC 29835-0306. It is also your right to notify the Equal Employment Opportunity Commission or any other appropriate local or state agency of your complaint.

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EMPLOYMENT EXPERIENCE

List jobs starting with your present or most recent job. Include any military experience. Account for all employment/educational activity within the last seven (7) years. A Resume may be attached but does not take the place of this form. If you need more space, please attach a separate sheet or an Additional Employment Experience Form. ( You may copy this part of the application.)

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Company Name		Telephone
Address of Company		
Job Title		Name of Supervisor
Describe Duties		List Tools, equipment or computer software utilized in this position
Dates of Employment:	From	To
Were you:	Full-time	Part-time
May we contact this employer:	Yes	No
Reason for Leaving:		
Starting Salary:		Ending Salary:

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EEO INFORMATION

\*Not for Interviewing or Screening Purposes\*

In accordance with Equal Employment laws, we are required to maintain statistical data on all applicants. We ask for your cooperation in completing and returning the following information. This form will be separated from your application and not used in the screening or interviewing processes.

NAME	SOCIAL SECURITY NUMBER
ADDRESS	TELEPHONE NUMBER

Gender (Circle)                      Male                      Female

CHECK IF APPLICABLE:

\_\_\_\_\_ Disabled Individual      \_\_\_\_\_ Disabled Veteran      \_\_\_\_\_ Vietnam Veteran

Position Applied for \_\_\_\_\_

Where did you learn of this job opening?

\_\_\_\_\_ Newspaper Ad                      \_\_\_\_\_ Radio Ad                      \_\_\_\_\_ Job Service  
 \_\_\_\_\_ TV ad/Cable                      \_\_\_\_\_ Walk-in                      \_\_\_\_\_ Job Fair  
 \_\_\_\_\_ Town's Website                      \_\_\_\_\_ Job Line                      \_\_\_\_\_ Internet  
 \_\_\_\_\_ Town Employee Referral

Please identify your race/ethnic category:

\_\_\_\_\_ American Indian or Alaska Native  
 (original peoples of N. America who maintain cultural identification through tribal affiliation or community recognition)  
 \_\_\_\_\_ Asian or Pacific Islander  
 (original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands)  
 \_\_\_\_\_ Hispanic  
 (all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture origin, regardless of race)  
 \_\_\_\_\_ Black (not of Hispanic origin)  
 (all persons having origins in any of the Black racial groups of Africa)  
 \_\_\_\_\_ White (not of Hispanic origin)  
 (all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)  
 \_\_\_\_\_ Other (specify)

I hereby authorize any town, county, state or federal agency, department or bureau to release any information in my files under the above name. I understand and realize that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I further release all personnel whomever from any liability arising out of or resulting from the release of this information.

Signature of the Applicant: \_\_\_\_\_  
 Date: \_\_\_\_\_

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**NOTICE TO INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS, AND VIETNAM WAR VETERANS**

If you re a disabled veteran or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will not adversely affect any consideration you may receive for employment.

If you wish to be identified, sign here \_\_\_\_\_

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***NOTICE TO APPLICANTS***  
**TOWN OF MCCORMICK**  
**ALCOHOL & DRUG TESTING POLICY**

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(Including DOT Regulated Positions)

Due to the health and safety risks of alcohol & drug abuse, applicants selected for employment by the Town of McCormick will be required to undergo a drug test. A positive test result will disqualify you from consideration for employment. A negative test result, indicating being free of drugs, will not guarantee employment. Any applicant not willing to comply with this requirement may simply excuse themselves prior to completing the application form. All DOT regulated positions are subject to testing for the following drugs as required by DOT during employment with the Town:

- Amphetamines
- Cocaine (Including CRACK)
- Marijuana
- Opiates (Codeine, Morphine, Heroin)
- Phencyclidene (PCP)

I understand and agree to the above testing requirements.

\_\_\_\_\_  
Applicant's Signature

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