



Phone: (803)943-2951

Mailing Address
Town of Hampton
Human Resources
608 First Street West
Hampton SC 29924

EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Please print in ink or type

Date _____

Position applying for: _____

Position applying for: _____

PERSONAL INFORMATION

Name Mr. _____ SSN: _____ - _____ - _____

Ms. First Middle Last

Present address _____

Street City State Zip Code

Previous Address _____

Street City State Zip Code

Phone Number (Day) _____ (Evening) _____ (Other) _____

Email address: _____

Are you a current town of Hampton employee or Yes

Have you worked for the Town of Hampton in the past No If so, when? _____ What Department _____

Your name when employed (if different from present name) _____ Please list any relatives employed by the Town of Hampton _____

Do you have a valid driver's license? Yes No
Number _____ State: _____ Expiration Date _____

Have you been convicted of a: **felony?** No Yes misdemeanor No Yes any traffic infraction (moving violation) No Yes

If yes, please
Explain and give dates: _____

Have you ever been fired or asked to resign from a job? No Yes

If yes, give date, name and address of employer, and reason (attach additional sheets necessary):

(A firing or forced resignation does not automatically mean that you cannot be employed. The circumstances, time elapsed, and recent employment record will be considered. However, failure to be completely honest and accurate about such circumstances may cause your application to be disqualified for employment.)



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EDUCATION HISTORY

High School

Date Attended: _____ Location: _____ Completed:(Y/N)_____

Highest Grade Completed: _____

Yes

Do you have an equivalency diploma (GED)?

No

Date Received: _____ Where Received: _____

College

Name and Location: _____ Dates:(Month/Year) From: _____ To: _____

_____ Degree: _____

Name and Location: _____ Dates:(Month/Year) From: _____ To: _____

_____ Degree: _____

Graduate Work: _____

Other (i.e., business, secretarial, vocational, technical, military, etc.) _____

Please list professional memberships, certificates, licenses, honors, fellowships, etc. _____

WORK HISTORY

Give a complete record of your employment history including part-time work, military service and Volunteer experience. List all experience in order, start with your present or most recent position And working back. Describe your duties and responsibilities in each position thoroughly so that

Your experience may be fairly evaluated. Account for all periods of unemployment. Please use a separate sheet of paper if needed.

Employer: _____ **Dates of employment :** _____ **to** _____

Address: _____ **City:** _____ **State:** _____

Phone: _____ **Job Title:** _____ **Supervisor:** _____

Starting Salary(p/h): _____ **Ending:** _____ **Reason for Leaving:** _____

Description of duties: _____



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Employer: _____ Dates of employment : _____ to _____

Address: _____ City: _____ State: _____

Phone: _____ Job Title: _____ Supervisor: _____

Starting Salary(p/h): _____ Ending: _____ Reason for Leaving: _____

Description of duties: _____

Employer: _____ Dates of employment : _____ to _____

Address: _____ City: _____ State: _____

Phone: _____ Job Title: _____ Supervisor: _____

Starting Salary(p/h): _____ Ending: _____ Reason for Leaving: _____

Description of duties: _____

References

Please list two persons, other than relatives or former employers, who know your qualifications or who knows your character.

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone#: _____

Years known: _____

Years known: _____

Best time to contact: _____

Best time to contact: _____



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TOWN OF HAMPTON APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, sex, National origin, religion, age, marital status or veteran status, medical condition or disability status.

As employers/government contractors, we comply with governmental regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This Applicant Data Record form will be kept separate from your employment application. It will not be used in the hiring or interviewing process and will be available only to authorized personnel for research and evaluation purposes. Refusing to Provide this information will not subject you to adverse treatment.

Name: _____ Phone: (____) _____
Last First M. I. Area Code

SSN: - -
Date of Birth: - -
Month Day Year

Current Address: _____
Number Street City State Zip Code

Mailing Address: _____
(if different) Number Street P. O. Box City State Zip Code

Referral Newspaper (identify: _____) Friend
 Publication (identify: _____) Relative
 Employment Agency: (Identify: _____) Walk-In
 Other (Identify: _____) Current Employee
 Vacancy Notice Telephone Inquiry

Marital Status: Married Divorced Single



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Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This date is for analysis and affirmative action only. Submission of information is voluntary.

Check One: Male Female

Check one: White Black Hispanic Asian American American Indian

Special Employment notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Disabilities. If you are 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 to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

Check and complete all that apply:

VETERAN- A person who served in any branch of the U. S. Military in active duty at any time,
Provided the period of active service was for a period of more than 180 days.

Date of Discharge: - -
Month Day Year

VIETNAM ERA VETERAN:

A person who: a) served on active duty for a period of more than one Hundred (180) days, any part of which occurred between August 5, 1964 and May 7, 1975 and b) was discharged or released with other Than a dishonorable discharge, or c) was discharged or released from Active duty for a service connected disability between said dates.

Date of Discharge: - -
Month Day Year

SPECIAL DISABLED VETERAN – A person who: a) is entitled compensation under VA laws Rated at thirty percent (30%) or more, or b) was discharged or released from active duty for A disability incurred or aggravated in the line of duty.

DISABLED INDIVIDUAL – A person who has a physical or mental impairment which Substantially limits one or more major life activities, has a record of such an impairment Or is regarded as having such an impairment.

NONE APPLY



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TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT. BY SIGNING THIS APPLICATION I HEARBY AUTHORIZE THE TOWN OF HAMPTON TO CONDUCT A FULL BACKGROUND CHECK (INCLUDING BUT NOT LIMITED TO CRIMINAL HISTORY AND CREDIT REPORT).

_____ - -
 Applicant's Signature (In Ink) Date

FOR PERSONNEL DEPARTMENT USE ONLY

Date of Hire: - - Position
 Month Day Year Title: _____

Work Location _____

NOTES:

South Carolina Criminal Justice Requirements

- Must be employed with a law enforcement agency
- Must pass a satisfactory background check
 - Must have a birth certificate
 - Must be at least 21 years of age
 - Must have a high school diploma or GED
- Must possess a valid South Carolina driver's license
 - Must be able to pass a Physical Abilities Test
- Must be able to complete the state mandated SCCJA 12 week basic course

NO RESUME WILL BE ACCEPTED UNLESS ACCOMPANIED BY A FULLY COMPLETED APPLICATION



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Complete only if applying for Police Department

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS
(If currently or previously certified)**

Date: _____

To: SC Criminal Justice Academy and/or

To: _____

I, _____
(name of person signing)

Address: _____

City: _____, State _____

SS#: _____, DOB _____

hereby authorize you to release to:

Hampton Police Department
608 First St W
Hampton Sc 29924
Phone (803)943-2421
FAX (803)943-0494
Email:BDrawdy@hamptonsc.gov (Training Officer)

any and all information regarding my employment history, attendance and including any incidents involving discipline during the period from date of first certification and/or hire date (_____) to present.

Please mail or fax any material to the person listed above. If faxing, please include a cover sheet with a statement of confidentiality.

A copy of the signed original record release may serve as the original release.

SIGNATURE