

**CENTRAL MIDLANDS COUNCIL OF GOVERNMENTS**  
**236 STONERIDGE DRIVE**  
**COLUMBIA, SOUTH CAROLINA 29210**  
 Please Print in Ink or Type Employment Application

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_ S. S. #: \_\_\_\_\_

| <i>PRESENT ADDRESS:</i>             | <i>PERMANENT ADDRESS:</i>           |
|-------------------------------------|-------------------------------------|
| Street: _____                       | Street: _____                       |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____ |
| Phone: (      ) _____               | Phone: (      ) _____               |

Are you legally eligible for employment in the U.S.? (Proof of citizenship or immigration status will be required upon employment).      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Work schedule desired:      \_\_\_\_\_ Full-Time      \_\_\_\_\_ Part-Time      \_\_\_\_\_ Temporary

When would you be available to start work: \_\_\_\_\_

The information requested is needed for a legally permissible reason, including but not limited to, a legitimate occupational qualification or business necessity.

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe in full: \_\_\_\_\_

**Education:** Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12      Did you graduate? \_\_\_\_\_

**Other Education:** (Business or trade school, college or university)

| School and Location | Date Graduated | Degree Received | Major Subject | Credits |
|---------------------|----------------|-----------------|---------------|---------|
|                     |                |                 |               |         |
|                     |                |                 |               |         |

**Military Service:** Are you a veteran of the U.S. Military Service? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Branch \_\_\_\_\_

**EMPLOYMENT HISTORY:** Start with your present employment or last job (list your employment record in reverse order). If more than one position/classification has been held with a given organization, list each as a separate period of employment.

|                        |                  |
|------------------------|------------------|
| Name of Employer:      | Starting Salary: |
| Position Held:         | Last Salary:     |
| Name/Title Supervisor: | Date Employed:   |
| Address:               | Date Separated:  |
| Phone: (      ) _____  |                  |
| Reason for Leaving:    |                  |
| Description of Duties: |                  |

**Make additional copies of this form as needed.**

|                        |                  |
|------------------------|------------------|
| Name of Employer:      | Starting Salary: |
| Position Held:         | Last Salary:     |
| Name/Title Supervisor: | Date Employed:   |
| Address:               | Date Separated:  |
| Phone: (        )      |                  |
| Reason for Leaving:    |                  |
| Description of Duties: |                  |

|                        |                  |
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| Position Held:         | Last Salary:     |
| Name/Title Supervisor: | Date Employed:   |
| Address:               | Date Separated:  |
| Phone: (        )      |                  |
| Reason for Leaving:    |                  |
| Description of Duties: |                  |

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| Name/Title Supervisor: | Date Employed:   |
| Address:               | Date Separated:  |
| Phone: (        )      |                  |
| Reason for Leaving:    |                  |
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| Reason for Leaving:    |                  |
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| Phone: (        )      |                  |
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Based on the Job Description of the position for which you are applying, are you able to perform the essential functions or duties listed of the job? (Note: you may later be asked to demonstrate your ability to perform these.)

\_\_\_\_\_ Yes, but I will need reasonable accommodations or special assistance to perform them.

      Please describe: \_\_\_\_\_

\_\_\_\_\_ Yes, and I need no reasonable accommodations or special assistance to do them.

**OVERVIEW OF THE HIRING & EMPLOYMENT PROCESS**

This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, including this application, please call (803) 376-5390 and ask for assistance.

**APPLICANT STATEMENT**

I certify that the answers and information provided by me in this application for employment are true, correct and completed to the best of my knowledge. I understand that if employed, any false or misleading information or omission of fact given in my application or interview(s) my result in discharge.

I authorize investigation of all information contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be a contract for employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_