



S&S Destination
 1200 Chapin Rd.
 Chapin, SC 29036
jaime@ssdestination.com

POSITION APPLYING FOR

Employment Application

First Name			Middle Int.	Last Name		
Street Address		City	State	Zip	Social Security #	
Drivers License Information			Phone (Home)		Phone (Mobile)	
License#	State	Type	Expiration Date	()	()	

Yes Have you been released from prison for, or convicted of, a felony within the last 10 years? Note: *The existence of a criminal record does not constitute an automatic bar to employment.*

No

EDUCATION						
Name of High School Attended		City	State	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>		G.E.D.? Yes <input type="checkbox"/> No <input type="checkbox"/>
College – Names of Colleges or Universities			Major	Dates Attended From -- To	Full Years Completed	Degrees Conferred Title -- Date

EXPERIENCE

Use this section to list all work experience starting with current employment or most recent if not currently employed. Include appropriate volunteer experience or attach resume.

Employed by: (Agency or firm)	Your Job Title:
Address:	Your Duties:
City & State:	
Supervisor: Phone #: ()	
Supervisor's Title:	
Employed From (Mo./Yr.:	
Starting Salary: \$ Final: \$ Avg. hrs./wk.:	
Reason for Leaving:	
Number of Employees Supervised:	

Employed by: (Agency or firm)	Your Job Title:
Address:	Your Duties:
City & State:	
Supervisor: Phone #: ()	
Supervisor's Title:	
Employed From (Mo./Yr.:	
Starting Salary: \$ Final: \$ Avg. hrs./wk.:	
Reason for Leaving:	
Number of Employees Supervised:	

Employed by: (Agency or firm)	Your Job Title:
Address:	Your Duties:
City & State:	
Supervisor: Phone #: ()	
Supervisor's Title:	
Employed From (Mo./Yr.:	
Starting Salary: \$ Final: \$ Avg. hrs./wk.:	
Reason for Leaving:	
Number of Employees Supervised:	

Employed by: (Agency or firm)	Your Job Title:
Address:	Your Duties:
City & State:	
Supervisor: Phone #: ()	
Supervisor's Title:	
Employed From (Mo./Yr.:	
Starting Salary: \$ Final: \$ Avg. hrs./wk.:	
Reason for Leaving:	
Number of Employees Supervised:	

SPECIALIZED TRAINING

Any specialized training, apprenticeship programs, or any special job-related skills: _____

Any honors, awards, copyrights, or patents: _____

Professional, Trade, Business, or Civic Organization/Offices: _____

MILITARY SERVICE

Branch of Service: _____ Date of Entry: _____ Discharge Date: _____

Rank: _____ Type of Discharge: Honorable Under Honorable conditions Other

If other than honorable, explain (will not necessarily disqualify): _____

National Guard / Active reserve: Are you a member? Yes No Give specifics. Unit: _____

PREFERENCES

What type of position are you interested in? _____

What type of opportunity? Temporary Temp-to-Perm Permanent

What is your desired work schedule? _____

What are your hourly / salary requirements? _____

PERSONAL

If under 18 years of age, can you provide proof of eligibility to work? No Yes

Have you ever applied to us before? No Yes

Have you ever been employed with us before? No Yes

When and Why did you leave? _____

May we contact your present employer? No Yes

If applying for a position that requires driving, do you have the appropriate license? No Yes

If applying for a position that requires driving, have you been ticketed for a moving violation in the last 3 years? No Yes

Can you provide proof of identification and proof of eligibility to work in this country (for instance, green card, social security card, passport, etc.)? No Yes

Are you currently on "layoff" status, subject to recall? No Yes Please Explain: _____

When could you start employment with us? _____

Are you available: Full time Part Time Shift Work Temporary

If required, are you available to travel? No Yes

Do you have any food allergies? No Yes Please Explain: _____

REFERENCES OTHER THAN PREVIOUS EMPLOYERS AND RELATIVES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

AUTHORIZATION

I authorize S&S Destination at the time of my application for employment or during the course of employment, to investigate and verify information contained in this application as it relates to the position for which I am being considered or in which I may be employed. This includes authorization to conduct reference checks, conduct credit checks and background investigations.

I certify that my statements in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification or omission of information may bar me from selection activities and employment and, if employed, will be cause for dismissal from S&S Destination.

Date: _____ Signature: X _____

EQUAL OPPORTUNITY EMPLOYER

S&S Destination values diversity in the workplace. Therefore, people of all ethnic backgrounds and persons with disabilities are encouraged to apply.

Social Security #: _____

Ethnicity (Check only one)

Female Male

African/American

Caucasian (White)

Hispanic

Age of 40

Asian/Pacific Islander

Native American/Alaskan Indian*

Other: _____

Person w/ Disability

* As set forth in EEOC 164; Proof of tribal affiliation is required.

HOW DID YOU LEARN OF THIS POSITION OPENING

Facebook

Chamber Website

Job Posting (other site): _____

S&S Destination Website

Next Door

Employee Referral: _____