



**Employment Application Notice:** The South Carolina Freedom of Information Act, to the extent applicable, allows for disclosure of applicant information.

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**Applicant Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

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

Are legally you authorized to work in the U. S.? \_\_\_\_\_

Have you ever worked for this company? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Diploma: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

**References**

Give name, address, and telephone number of three references who are not related to you and not previous employers.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Previous Employment**

**Must include all previous employers leaving no gaps in employment. Any employer listed may be contacted for a reference.**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

Do you have a S. C. driver's license? \_\_\_\_\_ License Number? \_\_\_\_\_

Are you licensed to operate any special equipment in S. C.? \_\_\_\_\_ If so, please specify

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**Disclaimer and Signature**

If this application leads to employment, I understand that false or misleading information in my application or interview may result in immediate termination of employment.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this investigation may include a credit check and a criminal background check.

This application for employment shall be considered active for a period not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether applications are being accepted at this time.

I hereby understand and acknowledge that, any future employment relationship with MRWC will be of an "at will" nature, which means that I may terminate my employment at any time with or without cause, and MRWC retains the same rights. It is further understood that this "at will" employment relationship may not be changed by any written document, oral statement or by other conduct unless such change is specifically acknowledged in writing by MRWC.

In the event of employment, I understand that false, incomplete, or misleading information given in my application or interview (s) may result in the rejection of my application or, if subsequently discovered, immediate discharge, I understand, also, that I am required to abide by all rules and regulations of MRWC.

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