APPLICATION FOR EMPLOYMENT (NON-DRIVER)

820 S. Pike Road W.
Sumter, SC 29150
(803) 775-4321

Applicant Name _____ Date of Application: ____/____/____
(Last Name) (First Name) (MI)

Current Address _____ City _____ State _____ Zip _____

Home Phone (_____)_____ Work Phone (_____)_____ Cell Phone (_____)_____

Position(s) Applied For_____ Social Security Number _____-_____-_____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize Palmetto Gas Company (and/or its other related companies) to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons or entities from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Palmetto Gas Company (and/or its other related companies). I understand that, as an applicant for a position with Palmetto Gas (and/or its related companies), I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with Palmetto Gas Company (and/or its related companies) and for no other reason. It is agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) may be contacted, for the purpose of investigating my employment history. I understand that I have the right to:

-Review information provided by previous employers;

-Have errors in the information corrected by pervious employers and for those previous employers to re-send the corrected information to the Palmetto Gas Company; and

-Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date_____

List your addresses of residence for the past 3 years:

Previous Addresses

_____ How Long?_____
Street City State & Zip Code yr./mo.

_____ How Long?_____
Street City State & Zip Code yr./mo.

_____ How Long?_____
Street City State & Zip Code yr./mo.

GENERAL BACKGROUND INFORMATION

Do you have the legal right to work in the United States? ☐Yes ☐No

Have you worked for Palmetto Gas before? ☐Yes ☐No Dates: From ____/____/____ To____/____/____

Rate of Pay $_____ Position _____

Reason for leaving _____

Are you now employed? ☐Yes ☐No If not, how long since leaving last employment?_____

Who referred you? _____ Rate of pay expected $_____

Have you ever been bonded? ☐Yes ☐No

Name of bond company_____ *(Answer only if job requirement)*

Have you ever been convicted of a criminal offense? ☐Yes ☐No

None: Omit vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If previously convicted, please list charge(s):

_____

_____ _____ _____

Where Convicted Date Disposition

Have you ever been terminated or forced to resign from any job? ☐Yes ☐No

If yes, explain _____

Is there any reason you might be unable to perform the essential functions of the job for which you have applied? ☐Yes ☐No

If yes, explain if you wish.

_____

_____

_____

EMPLOYMENT BACKGROUND

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.
(Note: List employers in reverse order starting with the most recent. Add another sheet as necessary).

EMPLOYER NAME			DATE FROM	DATE TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
NUMBER OF PEOPLE YOU SUPERVISED			SUPERVISOR'S NAME	
JOB DUTIES				
MAY WE CONTACT THIS EMPLOYER? ☐YES ☐NO		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER NAME			DATE FROM	DATE TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
NUMBER OF PEOPLE YOU SUPERVISED			SUPERVISOR'S NAME	
JOB DUTIES				
MAY WE CONTACT THIS EMPLOYER? ☐YES ☐NO		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER NAME			DATE FROM	DATE TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
NUMBER OF PEOPLE YOU SUPERVISED			SUPERVISOR'S NAME	
JOB DUTIES				
MAY WE CONTACT THIS EMPLOYER? ☐YES ☐NO		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER NAME			DATE FROM	DATE TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
NUMBER OF PEOPLE YOU SUPERVISED			SUPERVISOR'S NAME	
JOB DUTIES				
MAY WE CONTACT THIS EMPLOYER? ☐YES ☐NO		PHONE NUMBER	REASON FOR LEAVING	

EMPLOYER NAME			DATE FROM	DATE TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
NUMBER OF PEOPLE YOU SUPERVISED			SUPERVISOR'S NAME	
JOB DUTIES				
MAY WE CONTACT THIS EMPLOYER? ☐YES ☐NO		PHONE NUMBER	REASON FOR LEAVING	

EDUCATION

DATES		SCHOOL	LOCATION	COURSE OF MAJOR STUDY	DEGREE RECEIVED
FROM	TO				
FROM	TO				
FROM	TO				

JOB-RELATED TRAINING AND COURSE WORK

List any skills, licenses, and certificates which are related to the job you seek (including words per minute typing speed and computer software proficiency).

Skill	Are You Proficient In This Skill?	Last Date Skill Used
_____	☐Yes ☐No	____/____/____
_____	☐Yes ☐No	____/____/____
_____	☐Yes ☐No	____/____/____

Licenses and/or Certificates	Date Received
_____	____/____/____
_____	____/____/____
_____	____/____/____

REFERENCES

List the names and contact information of two people, not relatives, who are familiar with your work.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this job application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ _____

Applicant Signature Date