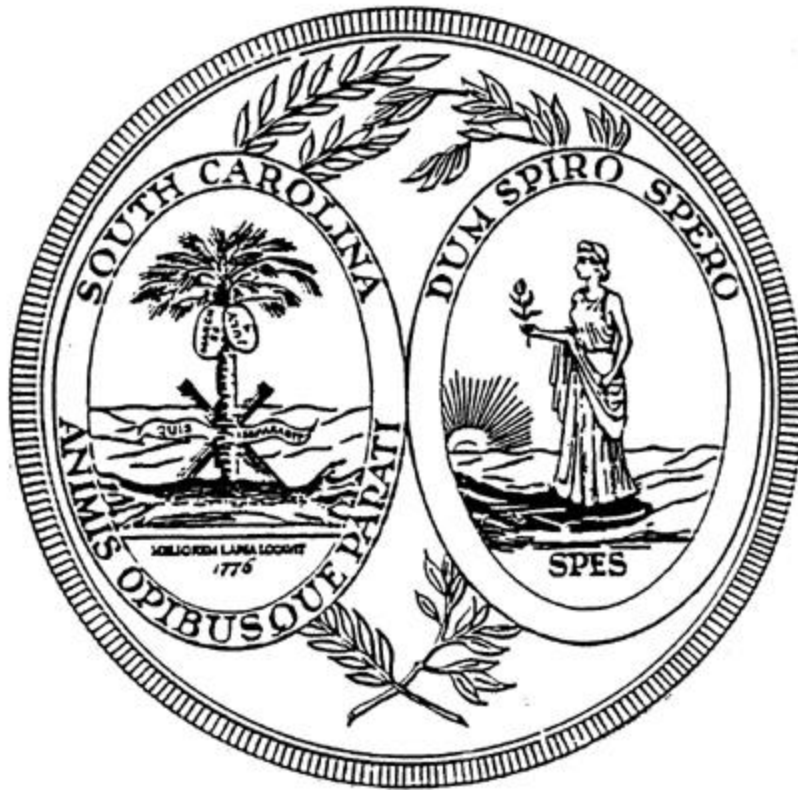


State of South Carolina

Town of Bowman



Application for Employment

Please be advised that the Town of Bowman is an Equal Opportunity Employer.

Please return this application to the:

Town of Bowman
131 Poplar Street
P.O. Box 37
Bowman, SC 29018

1. Position Applying for:

Job Title _____ Full Time { } Part Time { }
Desired Salary \$ _____ Available dates to Begin Work: _____

2. Applicant Information:

Social Security _____ - _____ - _____ Date of Birth _____ / _____ / _____
Name _____ Mr. Mrs. Ms. (Please Circle One)

_____ _____ _____ _____
Last Name First Name MI Maiden Name

Home Phone () _____ Cell Phone () _____
Fax Number () _____ E-Mail Address _____

Mailing Address: _____
City _____ County _____ State _____ Zip Code _____

Do you have a legal right to be employed in the U.S.? { } Yes { } No

Are you over the age of 18? (21 if applying for Police) { } Yes { } No

Have you ever been convicted of a crime? { } Yes { } No

If yes, please provide dates and details _____

3. Education:

High School _____ Location _____
{ } Diploma { } Other (Specify) _____ Highest Grade Completed _____

College _____ Location _____

College Graduate? { } Yes { } No If some college, total credits received _____

Name if different while attending school _____

4. Job-Related Training and Course Work:

List any skills, training, licenses, and certifications that are related to the job you are seeking.
(Please include words per minute typing speed, and computer software proficiency)

5. Work Experience:

A. Name of Present or Last Employer: _____
Address _____ Phone { } _____
_____ Fax { } _____
City _____ State _____ Zip Code _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From ____/____/____ Hours Per Week _____ Salary _____
Job Duties _____

Reason for Leaving _____

B. Name of Present or Last Employer: _____
Address _____ Phone { } _____
_____ Fax { } _____
City _____ State _____ Zip Code _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From ____/____/____ Hours Per Week _____ Salary _____
Job Duties _____

Reason for Leaving _____

C. Name of Present or Last Employer: _____
Address _____ Phone { } _____
_____ Fax { } _____
City _____ State _____ Zip Code _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From ____/____/____ Hours Per Week _____ Salary _____
Job Duties _____

Reason for Leaving _____

D. Name of Present or Last Employer: _____
Address _____ Phone { } _____
_____ Fax { } _____
City _____ State _____ Zip Code _____

Job Title _____
Number Supervised _____ Supervisor's Name _____
From ____/____/____ Hours Per Week _____ Salary _____
Job Duties _____

Reason for Leaving _____

6. References: Personal & Professional

A. Personal References

Name _____ Relation _____
Years Known _____ Phone # _____

Name _____ Relation _____
Years Known _____ Phone # _____

Name _____ Relation _____
Years Known _____ Phone # _____

B. Professional References

Name _____ Relation _____
Years Known _____ Phone # _____

Name _____ Relation _____
Years Known _____ Phone # _____

Name _____ Relation _____
Years Known _____ Phone # _____

7. Other Documentation

Please be advised the following documentation must be submitted with this application before any processing will be completed.

1. Photo Copy of Driver's License
2. Copy of Social Security Card
3. Copy of High School Diploma or GED
4. Copy of any certificate or certifications
5. Copy of Credit History (If applying for Police Department)
6. Ten Year Criminal Background Report (If applying for Police Department)

Drug & Alcohol Policy:

This is to advise that the Town of Bowman holds all of its employees to a very high standard as it relates to drug & alcohol abuse. This is to advise that the Town of Bowman reserves the right to conduct drug and/or alcohol testing on its employee's at any time without notice.

Applicant must read and sign.

I hereby affirm that the information provided on this application is true and complete. I also understand that any omission or misrepresentation provided may result in my rejection or termination from employment.

I authorize the Town of Bowman to contact and obtain information from all references listed and release any employers or persons listed from liability for any damages from furnishing such information.

In the event of my employment with the Town of Bowman, I will comply with all of the rules and policies of the employer. I understand that if I am employed, my employment will be at-will for no set period of time, and that my employment may be terminated for any reason at any time by either me or the Town of Bowman.

My signature certifies that I have read and fully understand the above statement.

Applicant's Signature _____ Date _____