

USTA SOUTH CAROLINA

Employment Application

Equal Opportunity Employer

Applicant Information

Full Name: _____ Date Available: _____

Address: _____

City

State

ZIP Code

Phone: _____ Email: _____

Desired Position: _____ Desired Salary: \$ _____

Have you ever been convicted of a felony? YES ☐ NO ☐ Do you have the legal right to work in the U.S.? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Graduate School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Additional Training, Certifications, or Skills:

References

Please list three professional references.

Full Name: _____ Years Known: _____

Company: _____ Phone: _____

Full Name: _____ Years Known: _____

Company: _____ Phone: _____

Full Name: _____ Years Known: _____

Company: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO
☐ ☐

Disclaimer and Signature

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed about to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws"

Signature: _____ Date: _____