

CCS of South Carolina, Inc.

2327 Prosperity Way, Suite 8 Florence, SC 29501 843-669-2273 843-669-7048 (fax)

EMPLOYMENT APPLICATION
APPLICANTS WILL BE DRUG TESTED AND BACKGROUND CHECKED
APPLICANTS SHOULD PRESENT PHOTO ID AND SOCIAL SECURITY CARD WITH APPLICATION
THIS COMPANY E-VERIFY'S ALL EMPLOYEES
THIS COMPANY RETAINS APPLICATIONS FOR 6 MONTHS AND THEN YOU WILL NEED TO REAPPLY

					DATE
Name		Last	First	Middle	Maiden
Present address		Number	Street	City	State Zip
How long _____		Social Security No. ____-____-_____			
Telephone _____					
If under 18, please list age					
Position applied for (1)		Days/hours available to work			
and salary desired (2)		No Pref Thur			
(Be specific)		Mon Fri			
		Tue Sat			
		Wed Sun			
How many hours can you work weekly? Can you work nights?					
Employment desired		<input type="checkbox"/> FULL-TIME ONLY		<input type="checkbox"/> PART-TIME ONLY	
		<input type="checkbox"/> FULL- OR PART-TIME			
When available for work? _____					

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your means of transportation to work?	
Driver's license number _____	State of issue _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur
Expiration date _____	
Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many?
Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many?

Please list two references other than relatives or previous employers:	
Name Position Company Address Telephone	Name Position Company Address Telephone

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Please e-mail wmcentire@cleanworldusa.com any additional information necessary to describe your full qualifications for the specific position for which you are applying.

<div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin: 0 auto;">MILITARY</div>		
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty _____	Date Entered _____	Discharge Date _____

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did?

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. E-mail additional employers to wmcentire@cleanworldusa.com

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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