

APPLICATION FOR EMPLOYMENT



Instructions: Complete all necessary information.

You may be asked to provide additional information on another form. This application will be kept on file.

It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application.

Please Print. Please complete entire application unless stated otherwise.

Palmetto Breeze
 PO Box 2029, 25 Benton Field Rd.
 Bluffton, SC 29910
 Phone 843-757-5782/ Fax 843-757-5783
 Email: llrta@hargray.com

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position (s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	
Address		City	State Zip Code
Telephone Number (s)		Social Security Number	

Would you accept full-time work? YES NO

Would you accept part-time work? YES NO

Date available for work _____

Best time to contact you at home is: _____

Do you have a CDL (class A or B)? YES NO Passenger Endorsement? YES NO

If you are under 18 years of age, can you provide required proof of your eligibility? YES NO

Have you ever filed an application with us before?
 If Yes, give date (s) _____ YES NO

Have you ever been employed with us before?
 If Yes, give date (s) _____ YES NO

Do any of your friends or relatives work here?
 If Yes, state name and relationship _____ YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

Do you have a legal right to be employed in the U.S.? YES NO

Have you ever been convicted of a felony within the last 7 years?
 If Yes, give conviction date: _____ YES NO

Educational Background

Grade School: Name and Location _____			
High School: Name and Location _____			
Course of Study _____	Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO Degree or Diploma
College, Vocational, or other training: Name and Location _____			
Course of Study _____	Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO Degree or Diploma
Graduate School: Name and Location _____			
Course of Study _____	Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO Degree or Diploma
Continuing Education: _____			

Employment Experience

Instructions: Start with your present job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

1			
Employer:	Dates Employed	Hourly Rate/Salary	Work Performed
Address:	From:	Starting:	
Phone Number (s):	To:	Final:	
Job Title:	Supervisor:	Reason for Leaving	
2			
Employer:	Dates Employed	Hourly Rate/Salary	Work Performed
Address:	From:	Starting:	
Phone Number (s):	To:	Final:	
Job Title:	Supervisor:	Reason for Leaving	
3			
Employer:	Dates Employed	Hourly Rate/Salary	Work Performed
Address:	From:	Starting:	
Phone Number (s):	To:	Final:	
Job Title:	Supervisor:	Reason for Leaving	

References

Give name, address, and telephone number of three (3) references who are not related to you and are not previous employers.

1
2
3

Have you ever had any job-related training in the United States Military? YES NO

If yes please describe: _____

Are there any conditions which may affect your ability to perform the duties of the job applied for? YES NO

If yes please describe: _____

APPLICANTS STATEMENT

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I certify that answers given herein are true and complete to the best of my knowledge. result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(PLEASE PRINT)

DATE

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the *Affirmative Action* program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name:

Address:

City:

State:

Zip:

Social Security No.

Current Job:

Check One: MALE FEMALE

Check One of the Following:

 WHITE BLACK HISPANIC AMERICAN INDIAN/ALASKAN NATIVE ASIAN/PACIFIC ISLANDER OTHER

Check if Any of the Following is Applicable:

 VIETNAM ERA VETERAN DISABLED VETERAN HANDICAPPED INDIVIDUAL

Birth Date:

PALMETTO BREEZE

PO Box 2029
25 Benton Field Road
Bluffton, SC 29910
Phone: 843-757-5782 Fax: 843-757-5783
Email: llrta@hargray.com

To: SLED Criminal Records and S.C. Department of Transportation

CONFIDENTIAL: Release Form

I hereby authorize Lowcountry Regional Transportation Authority dba Palmetto Breeze to receive any criminal history and motor vehicle information pertaining to me, which may be in the files of any state or criminal justice agency using a nationwide database search.

PLEASE PRINT:

First Name	Middle Name	Last Name
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Current Address	Street/City/State/Zip	County
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Previous Address	Street/City/State/Zip	County
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Date of Birth	Social Security Number
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Driver's License Number	State of Issue
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Male	Female	
	Sex	Race

Employee Signature	Date
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Applicant Reference Check

Palmetto Breeze
 P O Box 2029, 25 Benton Field Road
 Bluffton, SC 29910
 Phone 843-757-5782 / Fax 843-757-5783
 Email: llrta@hargray.com

Date: _____

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate below. This information will not be given to the employee. Please return by fax or mail to HR Department.

Thank You.

Company Name:

Address:



City, State, Zip Code:

Contact Name, Phone, Fax:

To be completed by applicant:

Applicants Name _____ Date of employment From: _____ To: _____

Previous Employer: _____

Address: _____

Contact Person: _____ Phone: _____

I request and authorize the previous employer listed above to complete this reference check.
 I release my previous employer and all persons and organization from all claims and liabilities of any nature arising from any information provided pursuant to this request.

Applicants Signature _____ Date: _____

To be Completed by Former Employer:

Dates of Employment: From: _____ To: _____ Rate of Pay: _____
(Weekly, Biweekly, Salary)

Position Title: _____

Responsibilities: _____

Reason for Leaving: _____

Would you Rehire? _____

Safe Driving Evaluation Excellent Good Fair Poor |

Moving Violation 1 2-3 More **Accident (s)** 1 2-3 More

Absentee, Attendance, On Time Evaluation Excellent Good Fair Poor

Additional comments (training, skills, etc.) _____

Checked by _____	Title _____	Date _____
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