



APPLICATION FOR ANDERSON RIDES PILOT:

THIS FORM **MUST BE** FILLED OUT IN ITS ENTIRETY.

TO **QUALIFY** FOR THIS PROGRAM, ONE MUST MEET THE FOLLOWING CRITERIA:

- UNEMPLOYED or UNDEREMPLOYED
- A RESIDENT OF ANDERSON COUNTY, SC
- MUST BE CURRENTLY BE UNDEREMPLOYED* or

HAVE ACCEPTED POSITION WITH ANDERSON COUNTY MANUFACTURER

Name: _____ Date: _____

IF CURRENTLY UNEMPLOYED, POSITION(S) APPLYING FOR:				
Position or type of work desired	Will Accept	Shift Preference		
1.)	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<input type="checkbox"/> 8 Hours	<input type="checkbox"/> Any <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	
2.)		<input type="checkbox"/> 12 Hours	<input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Any	<input type="checkbox"/> Swing <input type="checkbox"/> Rotating
Salary Desired	Date Available			
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No				

PERSONAL INFORMATION

Print Name (Last, First, Middle)					
Present Address (Street)	(City)	(State)	(ZIP)	Telephone Number (Home) (Cell)	Years at this Address
Mailing Address (if different)	(City)	(State)	(ZIP)	Telephone Number	Years at this Address
Previous Address (Street)	(City)	(State)	(ZIP)	Telephone Number	Years at this Address

If needed for work, do you have a valid driver's license? State of Issuance: <input type="checkbox"/> Yes <input type="checkbox"/> No CDL Class: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>				
If hired, do you have a reliable means of transportation to get to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a U.S.citizen or do you have a legal right to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please list technical and professional certifications and briefly describe any skills abilities, or related experiences (include hobbies, interests, patents, publications, professional memberships, etc.)				
Foreign Language(s)	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Describe training if applicable:

VETERAN'S INFORMATION

Are you a veteran of the US Armed Services? If yes, type of discharge:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION

Did you graduate?			Course work included:
HIGH SCHOOL OR GED	Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Location:	Degree(s)/Certificate(s)	
COLLEGE, UNIVERSITY OR TRAINING SCHOOL	Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Location:	Degree(s)/Certificate(s)	
	Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Location:	Degree(s)/Certificate(s)	

WORK EXPERIENCE (INCLUDE U.S. MILITARY)

Start with current or most recent employer and work backwards listing ALL employers you have worked for. Ask for additional paper, if needed.

Name of Employer/Business		Position Title(s)	Duties and Responsibilities:
Phone Number			
Address (Street, City, State ZIP)			
Period of Employment			
From:	To:		
Salary Information			
Start Salary:	Final Salary:		
Reason for Leaving:			

Name of Employer/Business		Position Title(s)	Duties and Responsibilities:
Phone Number			
Address (Street, City, State ZIP)			
Period of Employment			
From:	To:		
Salary Information			
Start Salary:	Final Salary:		
Reason for Leaving:			

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Period of Employment			
From:	To:		
Salary Information			
Start Salary:	Final Salary:		
Reason for Leaving:			

PROFESSIONAL REFERENCES

List three professional references, preferable who are unrelated to you, and can effectively evaluate your training, experiences and capabilities.

Name	Name	Name
Phone Number	Phone Number	Phone Number
Address (Street, City, State ZIP)	Address (Street, City, State ZIP)	Address (Street, City, State ZIP)
Occupation	Occupation	Occupation
Professional RelationshipYears Known	Professional RelationshipYears Known	Professional RelationshipYears Known

*Underemployed - Working under 30 hrs a week / pay below \$12.32 an hour / no health benefits

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 listed above to give any and all information concerning my previous employment.

Date

Signature