



**PERSONNEL OFFICE**  
**MORRIS COLLEGE**  
100 West College Street  
Sumter, South Carolina 29150

For Personnel Office Use Only

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**  
*An Equal Opportunity Employer*

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Street) (City) (State) (Zip)

**WORK ELIGIBILITY**

Are you 18 years of age or older? Yes  No

**POSITION APPLIED FOR**

Title \_\_\_\_\_ Minimum Acceptable Annual Salary \$ \_\_\_\_\_

Type of Appointment Desired: (Check one) Permanent  Temporary   
(Check one) Full-time  Part-time  Summer Only  Date Available \_\_\_\_\_

May we inquire of your present employer? Yes  No

**BACKGROUND INFORMATION**

Were you ever employed by Morris? Yes  No  If yes, When \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Were you ever convicted of any law violation? Yes  No  If yes, What charges \_\_\_\_\_

Where (city and state) \_\_\_\_\_ Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

Do you have any relatives working at Morris who would be supervising the position for which you are applying? Yes  No   
If yes, list the name and relationship \_\_\_\_\_

Who referred you to Morris? \_\_\_\_\_

**SPECIAL SKILLS, ABILITIES, AND LICENSES**

List special skills/abilities (typing, computer skills, operation of special equipment, etc.) \_\_\_\_\_

List any special licenses or certifications (drivers license, CPA, LPN, RN, Teacher Certification, etc.) \_\_\_\_\_

**CITIZENSHIP**

Are you a U.S. Citizen or are you legally authorized to work in the U.S.? Yes  No  If no, explain \_\_\_\_\_

**MILITARY BACKGROUND (If Applicable)**

Branch of Service \_\_\_\_\_ Date of Entry \_\_\_\_\_ Date Discharged \_\_\_\_\_ Rank \_\_\_\_\_ Type of discharge \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL					
Name:	Location:	Degree:	Date Graduated:		
		Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> GED <input type="checkbox"/>			
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL					
Name:	Location:	Major and Minor	Dates: From-To	Date of Graduation	Degree Earned
JOB-RELATED TRAINING OR COURSE WORK:					
Name:	Location:	Course of Study	Credit Hours Earned	Completion Date	

**EMPLOYMENT HISTORY**

① Name of present or last employer \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Job Title \_\_\_\_\_ Department \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Description of Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_ Reason for leaving \_\_\_\_\_

② Name of previous employer \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Job Title \_\_\_\_\_ Department \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Description of Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_ Reason for leaving \_\_\_\_\_

③ Name of previous employer \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Job Title \_\_\_\_\_ Department \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Description of Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_ Reason for leaving \_\_\_\_\_

*The information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_