



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



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

HIGHSCHOOL

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

COURSES, TRAINING OR COURSEWORK

Name:	Location:	Course of Study	Credit Hours Earned	Completion Date

EMPLOYMENT HISTORY

■ 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 _____

■ 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 _____

■ 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: _____