



Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions. This application will remain active for 180 days.

Date: _____

I. Personal Information

Name: Last First Middle

Present Address

Previous Address (if above less than 2 years)

Social Security Number Telephone

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

II. Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by Brookgreen Gardens?

3. How were you referred to Brookgreen Gardens? _____

4. Have you ever been convicted of a crime other than a minor traffic violation? ___ Yes ___ No

(This question pertains only to convictions that have not been sealed or expunged).

If yes, please state the citation, date and place where the offense occurred: _____

III. Work Availability

1. If offered a position, when will you be available to begin work? _____

2. Do you have any objection to working overtime? () Yes () No

3. Can you work on Weekends? () Yes () No

4. Are you looking for full-time or part-time work? _____

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P.O. Box 3368, Pawleys Island, SC 29585-3368 Phone (843) 235-6000 Fax (843) 235-6039

IV. Educational History

School Name/Location	Years Completed	Degree/Diploma
Elem/Jr. High _____		
High School _____		
College _____		
Tech. Training _____		
Other _____		

V. Employment Record *Please include all employment using a second sheet if needed.*

- | | |
|--|----------------------------------|
| _____
Company Name (Current or Most Recent Employer) | _____
Position Held |
| _____
Address | Dates Employed: _____
From To |
| _____
Manager / Supervisor | _____
Telephone Wage/Salary |
| _____
Your Duties | |
| _____
Reason For Leaving | |
- | | |
|-------------------------------|----------------------------------|
| _____
Company Name | _____
Position Held |
| _____
Address | Dates Employed: _____
From To |
| _____
Manager / Supervisor | _____
Telephone Wage/Salary |
| _____
Your Duties | |
| _____
Reason For Leaving | |
- | | |
|-------------------------------|----------------------------------|
| _____
Company Name | _____
Position Held |
| _____
Address | Dates Employed: _____
From To |
| _____
Manager / Supervisor | _____
Telephone Wage/Salary |
| _____
Your Duties | |
| _____
Reason For Leaving | |

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4. _____
 Company Name Position Held

 Address Dates Employed: _____
 From To

 Manager / Supervisor Telephone Wage/Salary

 Your Duties

 Reason For Leaving

If you are now employed, may we contact your present employer? () Yes () No

NOTE: Use a separate sheet to list additional employers, if necessary.

VI. Other Qualifications

Please list any job-related skills, qualifications acquired from other employment or experience and any professional, trade, business memberships.

VII. References *Please do not include relatives or former employers.*

1. _____
 Name Years Know

 Address Telephone
 2. _____
 Name Years Known

 Address Telephone
 3. _____
 Name Years Known

 Address Telephone

VIII. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

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Background Research Release

Authorization and General Release

The undersigned, _____, in connection with this application, authorizes all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to Brookgreen Gardens or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

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 may result in my termination.

I understand and agree that employment by the Company is contingent upon the passage of a post-offer, pre-employment drug test.

I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT, IF HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

Applicant's Signature

Date

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