

Drexel Hill Services, LLC

1150 Hungryneck Blvd
Suite C - # 311
Mt. Pleasant, SC 29464

Application for Employment

An Equal Opportunity Employer:

Drexel Hill Services, LLC (DHS) considers applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

DHS will give this application every consideration. However, in accepting it, DHS makes no commitment of employment to the applicant. This application will remain active for 180 days.

DHS is an at will employer, meaning that either the employer or the employee may end the employment relationship at any time and for any or no reason.

Please print in ink:

Basic information:

Position applied for: _____ Date of application: _____

Last name First name Middle name

Address City State Zip Code

Telephone number(s) Social Security Number

Salary Desired: Date you can start:

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please explain:

Are you a United States citizen? Yes _____ No _____

If no, are you lawfully authorized to work in the United States? Yes _____ No _____

Employment History:

Start with your present or most recent job. Include any job-related military service assignments, self employment, summer and part-time jobs:

Name of Company Phone number of Company

Address City State Zip Code

Dates of employment: Date started: _____ Date finished: _____

Salary information: Starting: _____ Current or final salary: _____

Supervisors name Supervisors title

Reason for leaving: _____

Name of Company Phone number of Company

Address City State Zip Code

Dates of employment: Date started: _____ Date finished: _____

Salary information: Starting: _____ Current or final salary: _____

Supervisors name Supervisors title

Reason for leaving: _____

 Name of Company Phone number of Company

 Address City State Zip Code

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 Address City State Zip Code

 Dates of employment: Date started: _____ Date finished: _____
 Salary information: Starting: _____ Current or final salary: _____

 Supervisors name Supervisors title
 Reason for leaving: _____

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

References: Not former employers or relatives:		
Name	Address	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education:					
School	Name/city/state	Course of Study	Circle Last Year Completed	Did You Graduate?	Diploma Received
High			1 2 3 4		
College			1 2 3 4		
Other			1 2 3 4		

Please list other abilities or skills you may have that can help on the job:

Acknowledgements:

Please read before signing:

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements on this application shall be considered immediate cause for dismissal. In making this application for employment, I authorize you to make and/or investigate a report whereby information is obtained through personal interviews with my neighbors, friends, former employers, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. This inquiry, if made, also may include information concerning any and all employment discrimination claims and/or accusations brought against me, including, but not limited to charges and/or accusations brought against me which relate to harassment and/or discrimination involving race, sex, age, religion, disability, and/or national origin. This authorization releases those interviewed and Drexel Hill Services, LLC from any and all liability for damages arising from furnishing the requested information.

Any offer of employment I may receive from Drexel Hill Services, LLC is contingent upon my successful completion of the Company's total pre-employment screening process. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that if employed, I may be required to submit to and alcohol or drug screening at any time at the discretion of Drexel Hill Services, LLC.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigation or report that is made.

I understand that if the Company employs me, Drexel Hill Services, LLC or I can terminate my employment with or without cause at any time and for any or no reason. I also understand that no official of Drexel Hill Services, LLC other than the Managing Member has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the above.

Signature of applicant

Date

Consumer Notification and Authorization

This is used to inform you that a consumer report or an investigative consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

To Whom it May Concern:

I hereby authorize and request any present and former employer, school, police department, financial institution, agency or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment, including consumer report information that may include motor vehicle records. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request. I understand this authorization is to be part of the written employment application which I signed.

I have been given a copy of this form.

Print Name: _____

Signature: _____ Date: _____

Date of Birth (for identification purposes only): _____

Social Security Number (for identification purposes only): _____

Drivers License number: _____ State issued: _____

If name changed (through marriage or otherwise) print former name here:
