



CLEMSON DOWNS

RETIRE WELL.

Attention Applicants

Thank you for your interest in employment with Clemson Downs.

Our hiring process at Clemson Downs consists of the following:

- **Background Check**
- **SLED Check**
- **Reference Check**
- **Pre-employment Drug Screen**

**Proof of employment eligibility must be presented at the time of hire.
Please be prepared to provide State and Federal ID at time of job offer.**

**Thank you,
Human Resources**

EMPLOYMENT APPLICATION

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

CELLPHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

MAILING ADDRESS: _____
STREET

CITY STATE ZIP

Have you lived continuously in South Carolina for the last full year: _____

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" on page 6.
2. Complete all pages of the application.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "N/A" if not answering a question.
5. Provide only requested information. Failure to do so may result in disqualification of your employment.

AVAILABILITY For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full-time Part-time Temporary Permanent

For which schedules are you available?* Weekdays Weekends Evenings Nights Overtime Shift Other _____

*Most positions at Clemson Downs require every other weekend availability. All direct care staff are expected to work every other weekend.

*reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices (All other States)

USE THIS SPACE IF YOU NEED TO BE MORE SPECIFIC ABOUT YOUR AVAILABILITY

JOB-RELATED SKILLS NOTE! Do not fill out any part of this section you believe to be non-job related.

Yes No Do you have a current occupational license or certification in another state?
 Name on license _____ L# _____ Type _____ State of issue _____
 Date of issue _____ Years experience in this field _____

Yes No If the job requires, do you have the appropriate valid drivers license?
 Name on license _____ DL# _____ Type _____ State of issue _____

Yes No Have you had any moving violations within the last seven years? Please describe _____
 Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

Yes No Have you been given a job description or had the essential functions of the job explained to you?

Yes No Do you understand these essential functions?

SECURITY

Yes No Have you used any names other than given above? If so, please list in comments below.

Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below.
 (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

Yes No Have you ever been convicted of any type of violent crime, including domestic abuse?

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

COMMENTS (ASK FOR AN ADDITIONAL PAGE, IF NECESSARY) _____

Last Name

First Name

How did you learn about us?

___ Advertisement ___ Friend ___ Inquiry ___ Employment Agency ___ Relative ___ Other

Best time to contact you is: _____

Have you ever filed an application with us before? YES ___ NO ___

If yes, give date. _____

Have you ever been employed with us before? YES ___ NO ___

If yes, give date. _____

Do any of your friends/relatives, other than spouse work here? YES ___ NO ___

If yes, state name, relationship, and department.

Are you currently employed? YES ___ NO ___

May we contact your present employer? YES ___ NO ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? YES ___ NO ___

Proof of citizenship or immigration status will be required upon employment.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT NOTE This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

I acknowledge that I have read and understand the APPLICANT NOTE above.

Applicant Signature

Date