



REWARD Application

Chesterfield County Clarendon County Dillon County
 Marion County Marlboro County

Last Name _____ First _____ Middle _____

Date _____ Phone # _____ Alternate Phone # _____

Applicant Email Address _____

Social Security # - -

Company Name Training Applied For: _____ or All Businesses/Industries with Available Positions

Mailing Address	
City	County State/ZIP
How long have you lived at this address?	Are you legally authorized to work in the USA? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to work any shift? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a crime other than minor traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: Charge(s) _____ Where Convicted _____ Date _____ Disposition or current status _____
Are you presently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work hours are from _____ am/pm to _____ am/pm	
Do you work rotating shifts? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you available for training	Can you attend classes, as required, Mondays through Sundays? Yes <input type="checkbox"/> No <input type="checkbox"/> Exception(s) if any _____
Mornings? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Afternoons? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Evenings? Yes <input type="checkbox"/> No <input type="checkbox"/>	

MILITARY HISTORY

Branch	Date Entered	Date Discharged	Highest Rank Attained
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Indicate Specific Skills Acquired in the U.S. Armed Forces:

EDUCATIONAL HISTORY

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 over 16

Do You Have A High School Diploma or GED Certificate? Yes No

High School Name / Location _____

SCHOOL NAME & LOCATION	FROM (Mo. & Yr.)	TO (Mo. & Yr.)	DEGREE OR CERTIFICATE	COURSE OF STUDY (Special Subjects)
Technical College, Business or Trade School				
College				

Last Name
First
Middle

LIST BELOW THE NAMES OF ALL YOUR EMPLOYERS, STARTING WITH THE MOST RECENT:

	(1) Name of Company	FROM (Mo. / Yr.)	TO (Mo. / Yr.)	IMMEDIATE SUPERVISOR'S NAME	PAY RATE	
	(2) Address of Company				START	FINAL
1	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						
2	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						
3	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						
4	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						
5	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						
6	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						
7	(1)					
	(2)					
Job Title and Duties:						
Reason for Leaving:						

May we contact your present employer regarding your service and employment record? Yes No
 Are there any other experiences, skills, or qualifications which you feel would especially qualify you for this training? _____

CERTIFICATION OF APPLICANT: I affirm, agree and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of facts may result in my being disqualified; my background may be investigated; and copies of this form may be furnished to prospective employers. I further understand that if accepted for this training, I am not under any obligation to accept work with any specific firm, nor am I assured of being offered employment upon successful completion. Also, I may accept or reject any job offered me as I so desire.

Signature _____

APPLICANT SHOULD NOT WRITE BELOW THIS LINE
Comments: _____
Interviewer: _____