

South Carolina State **PORTS AUTHORITY**

POST OFFICE BOX 22287
CHARLESTON, SOUTH CAROLINA 29413-2287
www.scspa.com

APPLICATION FOR EMPLOYMENT

SCSPA is an equal opportunity employer. Qualified applicants are considered for positions without regard to race, color, disability, religion, national origin, sex, age, veteran status, or any other category protected by applicable law.

Please fill out this application completely. Please type or use a black pen and print clearly. Do not leave any area blank. Write N/A or NONE where appropriate. On Yes/No questions - if you have answered "Yes", provide an explanation where applicable.

GENERAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
HOME ADDRESS - NO., STREET, CITY, STATE, ZIP CODE			AREA CODE AND TELEPHONE NO.
EMAIL ADDRESS	ARE YOU AT LEAST 18 YRS. OLD?		ARE YOU ELIGIBLE TO WORK IN THE U.S.?
DO YOU HAVE A VALID DRIVER'S LICENSE?	DRIVER'S LICENSE NO.	STATE	EXPIRATION DATE
LIST AT LEAST TWO (2) BUSINESS REFERENCES OR FORMER EMPLOYERS (NAME, ADDRESS, CITY, STATE, AND ZIP CODE)		TELEPHONE NO.	YEARS KNOWN
(1)			
(2)			
(3)			
(4)			
LIST ANY RELATIVES EMPLOYED BY THE SCSPA	DEPARTMENT	RELATIONSHIP	
(1)			
(2)			
(3)			

GENERAL INFORMATION (CONTINUED)

LIST THE POSITION TITLE AND JOB POSTING NUMBER FOR EACH POSITION FOR WHICH YOU ARE APPLYING. (The SCSPA only accepts applications for current openings.)	SALARY REQUIREMENT
* Some positions require pre-employment skill tests. Please see the applicable job posting for more information.	

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE SCSPA? (CIRCLE ONE) YES NO IF SO, WHEN?

ARE YOU PRESENTLY EMPLOYED? (CIRCLE ONE) YES NO	WHEN CAN YOU START WORK?	ARE YOU WILLING TO WORK OVERTIME (CIRCLE ONE) YES NO
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HAVE YOU PREVIOUSLY FILED AN APPLICATION WITH THE SCSPA? (CIRCLE ONE) YES NO	WHEN?	ARE YOU WILLING TO WORK SHIFT WORK (CIRCLE ONE) YES NO
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HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? (CIRCLE ONE) YES NO IF YES, please explain the circumstances, including the nature of the crime, date of conviction, and the city and state in which you were convicted. You are not required to list sealed, expunged, pardoned, or statutorily eradicated convictions. (Note: A conviction will not be an absolute bar to employment, unless otherwise required by law applicable to the specific position for which you are applying. Factors such as age, time of offense, seriousness, nature of violation, rehabilitation, and relatedness to the position applied for will be taken into account.)

PLEASE IDENTIFY ANY TRAINING AND/OR EXPERIENCE YOU HAVE CONCERNING THE OPERATION OF MACHINES/EQUIPMENT, AS WELL AS ANY OTHER SPECIAL SKILLS (E.G. COMPUTER SKILLS, BLUEPRINT READING, ETC.), RELEVANT TO THE JOB REQUIREMENTS OF THE POSITION(S) YOU ARE SEEKING.

EDUCATIONAL BACKGROUND

HIGH SCHOOL NAME AND LOCATION	GRADUATE (CIRCLE ONE) YES NO
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HIGH SCHOOL EQUIVALENT (GED)	GRADUATE (CIRCLE ONE) YES NO
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COLLEGE NAME AND LOCATION	DEGREE (MAJOR-MINOR)	GRADUATE (CIRCLE ONE) YES NO
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OTHER - TRADE, TECHNICAL, GRADUATE, ETC. NAME AND LOCATION	DEGREE (MAJOR-MINOR)	GRADUATE (CIRCLE ONE) YES NO
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PROFESSIONAL MEMBERSHIPS / LICENSES

LIST ANY PROFESSIONAL / TECHNICAL MEMBERSHIPS, LICENSES, CERTIFICATIONS OR CREDENTIALS YOU CONSIDER RELEVANT TO YOUR ABILITY TO PERFORM THE JOB. (APPLICANTS MAY OMIT THOSE MEMBERSHIPS/LICENSES/CERTIFICATIONS/CREDENTIALS THAT REVEAL THE RACE, COLOR, DISABILITY, RELIGION, NATIONAL ORIGIN, SEX, AGE, OR OTHER PROTECTED STATUS OF THE APPLICANT.)
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EMPLOYMENT HISTORY INFORMATION

LIST ALL EMPLOYMENT FOR THE LAST TEN (10) YEARS, IN REVERSE ORDER, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT, AND COMPLETE THIS SECTION EVEN IF YOU HAVE ATTACHED A RESUME.

COMPANY NAME		LIST YOUR JOB DUTIES FOR EACH POSITION HELD
COMPANY ADDRESS & TELEPHONE NO.		
SUPERVISOR'S NAME & POSITION	EMPLOYMENT DATES	
	FROM	
	TO	
PRESENT JOB TITLE	PRESENT SALARY	MAY WE CONTACT THIS EMPLOYER? (CIRCLE ONE) YES NO
STARTING JOB TITLE	STARTING SALARY	REASON FOR LEAVING
COMPANY NAME		LIST YOUR JOB DUTIES FOR EACH POSITION HELD
COMPANY ADDRESS & TELEPHONE NO.		
SUPERVISOR'S NAME & POSITION	EMPLOYMENT DATES	
	FROM	
	TO	
PRESENT JOB TITLE	PRESENT SALARY	MAY WE CONTACT THIS EMPLOYER? (CIRCLE ONE) YES NO
STARTING JOB TITLE	STARTING SALARY	REASON FOR LEAVING
COMPANY NAME		LIST YOUR JOB DUTIES FOR EACH POSITION HELD
COMPANY ADDRESS & TELEPHONE NO.		
SUPERVISOR'S NAME & POSITION	EMPLOYMENT DATES	
	FROM	
	TO	
PRESENT JOB TITLE	PRESENT SALARY	MAY WE CONTACT THIS EMPLOYER? (CIRCLE ONE) YES NO
STARTING JOB TITLE	STARTING SALARY	REASON FOR LEAVING
COMPANY NAME		LIST YOUR JOB DUTIES FOR EACH POSITION HELD
COMPANY ADDRESS & TELEPHONE NO.		
SUPERVISOR'S NAME & POSITION	EMPLOYMENT DATES	
	FROM	
	TO	
PRESENT JOB TITLE	PRESENT SALARY	MAY WE CONTACT THIS EMPLOYER? (CIRCLE ONE) YES NO
STARTING JOB TITLE	STARTING SALARY	REASON FOR LEAVING

APPLICANT ACKNOWLEDGEMENT

Read carefully and sign

I certify that all statements and information made in this Application for Employment and in any subsequently executed medical questionnaire, drug screening, and other pre-employment tests or inquiries or related documents are true and correct to the best of my knowledge. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

I hereby consent to the SCSPA's verifying all the information I have provided on this application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the SCSPA to obtain access to and copies of records pertaining to this information. I also hereby authorize the SCSPA's access to any medical histories or records pertaining to me (and other individuals who, due to my employment, may be covered by any SCSPA medical or other insurance program). With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the SCSPA with information it may request pursuant to this release.

IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND THAT SUCH EMPLOYMENT IS TERMINABLE AT WILL, BY EITHER MYSELF OR THE SCSPA, AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT ANY PERIOD OF EMPLOYMENT IS NOT FOR A SPECIFIC DURATION. IN ADDITION, I UNDERSTAND THAT NO ONE IS AUTHORIZED TO MAKE ORAL EXCEPTIONS TO THIS POLICY, AND WRITTEN EXCEPTIONS ARE PERMITTED ONLY WHEN THEY ARE SIGNED BY THE PRESIDENT AND CEO OF THE SCSPA.

In the event of my employment with the SCSPA, I will comply with all rules, regulations, and policies set forth in the SCSPA's employee handbook and other communications distributed by the SCSPA.

I understand and acknowledge that any offer of employment is conditional upon successful completion of a drug screening test, physical examination, and any other tests that may be required as a condition of employment in the position(s) for which I am applying.

I certify that I have read, understand, and agree to the above-listed terms.

Signature

Date

Reviewed by

Date

Reviewed by

Date

Reviewed by

Date

This Application for Employment will be considered active for 30 calendar days. After 30 calendar days, you must reapply for available positions.

Voluntary Self-Identification Form

The SC State Ports Authority is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law.

As required by law, we must record certain information for affirmative action reporting. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired.

This form is not a part of your employment application and will not be kept with the employment application or other pre-employment records, nor will this form or the information herein be considered in any employment decisions. You will not be subjected to any adverse treatment if you choose not to provide the information requested.

Section 1: General Applicant Information

Name:	Date: ____/____/____
Social Security #:	Date of Birth: ____/____/____
Position applied for:	

Section 2: Please check all that apply

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. <input type="checkbox"/> White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <input type="checkbox"/> Black or African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> Asian (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. <input type="checkbox"/> Two or More Races (not Hispanic or Latino) All persons who identify with more than one of the above five races.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran - Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975. <input type="checkbox"/> Special Disabled Veteran - Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (I) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability. <input type="checkbox"/> Other Eligible Veteran - Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded. **Please only check one if it describes your veteran status.
<input type="checkbox"/> I do not wish to Self-Identify Signature _____		
How did you hear of our opening? <input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> SCSPA Web site <input type="checkbox"/> Other Web site <input type="checkbox"/> Other - Explain:		

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

Please read carefully before signing below

- I. The South Carolina State Ports Authority (SCSPA) may choose to secure and use information contained in a consumer report about me obtained from a consumer reporting agency when: (1) considering my application for employment; (2) making a decision whether to offer me employment; (3) deciding whether to continue my employment; or (4) making other employment-related decisions directly affecting me. A consumer report may include information as to, among other things, my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, past employment (including reasons for termination), professional license or credentials, or credit/criminal/civil/driving record history. I fully give my consent to and understand that, on behalf of SCSPA, a third-party consumer reporting agency may be requesting information from public and private sources (including, but not limited to, any law enforcement agency, information service bureau, school, employer, insurance company, or other individual or entity) about any of the areas noted earlier in this paragraph.
- II. I understand that, pursuant to the Fair Credit Reporting Act (“FCRA”), if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of my rights will be provided to me to enable me to exercise my rights before the SCSPA takes the adverse action. Notwithstanding anything else in this document, I understand the SCSPA reserves the ability to avail itself of any rights set forth in any applicable federal, state or local law, including the FCRA, as amended by the Fair and Accurate Credit Transactions Act (the “FACT Act”).
- III. I acknowledge that a telephonic, facsimile (FAX), or photographic copy of this release shall be as valid as the original.
- IV. I therefore authorize and instruct SCSPA to obtain a consumer report about me for initial hiring and/or at any time during my employment with the SCSPA. I knowingly and voluntarily agree to release and hold harmless the SCSPA, its officers, agents and employees, from and against any and all liability resulting from any decision regarding my employment or prospective employment with the SCSPA, which are based in good faith upon any consumer report.
- V. I further hereby authorize, without reservation, any law enforcement agency, information service bureau, school, employer, insurance company, or other individual or entity contacted by the SCSPA to furnish the information described in Section I.

Signature of Applicant

Date

Printed Name of Applicant

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. This information will not be used for any other employment-related purpose.

Date of Birth of Applicant

Applicant’s Social Security Number