



PALMETTO ENGINEERING & CONSULTING, LLC

3504-320 Highway 153

Greenville, SC 29611

864-846-8156 FAX: 864-846-8122

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

If you need assistance completing this application, contact the Human Resources Director.

Please send applications to the Hiring Manager and Human Resources for consideration.

Position Applied for: _____ Date: _____

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Phone: _____ Driver's License Number: _____ State: _____

E-Mail: _____

Are you seeking: Full time, Part-Time or Temporary Employment?

If required, are you available to travel out-of-town for work up to three nights per week? Yes No

Have you ever been convicted of or pled guilty to a felony? Yes No

(An affirmative answer will not automatically disqualify you from employment.)

If yes, provide information and date: _____

Please list any relatives or friends and their relationship that work for Palmetto Engineering & Consulting.

IMPORTANT NOTICE

I UNDERSTAND AND ACKNOWLEDGE THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH PALMETTO ENGINEERING AND CONSULTING IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY APPROVED BY THE BOARD OF DIRECTORS AND IN WRITING BY THE PRINCIPAL

EDUCATION

	NAME & ADDRESS	# OF YEARS	MAJOR	DIPLOMA/DEGREE
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER				

EMPLOYMENT HISTORY

Include complete work history with most recent first. Please attach separate sheets of paper if needed. This section must be completed. Resumes may be submitted but not in lieu of a completed application.

Name of Employer:	Dates of Employment:
Address:	
Phone:	Salary:
Job Title:	Supervisor:
Job Duties:	
Reason for Leaving:	

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Address:	
Phone:	Salary:
Job Title:	Supervisor:

Job Duties:
Reason for Leaving:

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Address:	
Phone:	Salary:
Job Title:	Supervisor:
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Address:	
Phone:	Salary:
Job Title:	Supervisor:
Job Duties:	
Reason for Leaving:	

Explain any gaps in work history. _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain. _____

TRAINING AND SKILLS INVENTORY

Please list any specific training, apprenticeships, skills, professional affiliations, civic activities, or honors received and any additional information that you would like to have considered a part of this application. You may exclude any information that would reveal any legally protected status.

REFERENCES

Please provide names and contact information of supervisors and/or individuals who have knowledge of your job performance and responsibilities. Please indicate if there are any employers we may not contact.

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

APPLICANT CERTIFICATION

I hereby certify that the answers given by me to all of the questions on this application are, to the best of my knowledge and belief, true and correct without reservations of any kind. I further affirm that I have not knowingly withheld any facts or circumstances that would materially affect this application. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities or anyone else named to provide information about me, from any liability for any damage whatsoever for issuing this information. If information in the application is found to be false, intentionally omitted or there is any failure to respond fully and honestly to requests for information, I understand that I may be subject to disciplinary action up to and including termination.

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I hereby understand and acknowledge my responsibility to notify PEC if I need reasonable accommodation in any testing procedures or interviews required as a result of submission of this application. PALMETTO ENGINEERING AND CONSULTING complies with all standards under the Americans with Disabilities Act.

I certify and understand that PEC requires all persons selected for employment to undergo a drug test and that a positive drug test will result in disqualification of my consideration for employment.

I understand that PEC has the right at any time to request drug screening and background checks per policy. I understand that the use of illegal or controlled substances that are not prescribed for me by a doctor is prohibited.

I understand that I am required to abide by all rules and regulations of Palmetto Engineering & Consulting.

Applicant Signature

Date

By typing my name above, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

INFORMATION REQUIRED BY JOB

Field Personnel may be required to travel out-of-state, therefore applicants must be 19 years or older for these positions. Field Personnel must also be a licensed driver with his/her own vehicle. Employees must provide the minimum public liability and property damage coverage required by law on their personal vehicles used on Company business. Employees are responsible for the cost of this insurance plus any deductibles on their own vehicles arising from on-the-job accidents. The Company assumes no liability for employee vehicles. By signing below, I certify that I am 19 years or older and that I will conform to these rules if hired as an employee of Palmetto Engineering & Consulting, LLC.

What citations have appeared on your driving record during the past 3 years? (list and describe)

Has your driver's license ever been suspended? _____ revoked? _____

If yes, why? _____

Vehicle Information:

Year _____ Make _____ Model _____

Vehicle ID Number _____

Lienholder name and address: _____

I certify that the answers given above are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application may result in discharge.

Applicant Signature

Date

By typing my name above, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.