



Summer Youth Employment Application 2020

Department of Diversity, Equity and Inclusion
 173 Ashley Ave. MSC 502
 Basic Science Building, Room 104
 Charleston SC 29425
 Phone: 843-792-1072
 Fax: 843-792-1288

Date _____

Area of Interest :

Directions: Type or print in black ink. Answer all questions.

PERSONAL INFORMATION

Last Name		First Name		Middle	Date of Birth
Address		City		State	Zip
Phone Number		Alternate Phone Number		Email Address	Alternate Email Address
Driver's License Number/State ID	Issuing State	Gender Preference		Relatives Employed at MUSC? If yes, list relationship/name	
				Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ _____ _____	

EDUCATION (Please list high school and secondary programs attended)

Name of School	Class	Did you Graduate	Degree/Certification	Credits Earned
High:				
College/University:				

WORK EXPERIENCE

Employer Name	Job Title	Dates Employed	Supervisor's Name & Number	Reason for Leaving
Duties:				

WORK EXPERIENCE

Employer Name	Job Title	Dates Employed	Supervisor's Name & Number	Reason for Leaving

Duties:

WORK EXPERIENCE

Employer Name	Job Title	Dates Employed	Supervisor's Name & Number	Reason for Leaving

Duties:

<p>Have you ever been convicted of a crime other than a traffic violation?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If checked yes, please explain. All offenses since your 16th birthday should be listed.</p>
--	---

<p>Special Skills/Talents</p>	<p>List computer and software knowledge</p>
-------------------------------	---

AGREEMENT

The information received by the Department of Human Resources Management as a result of signing this Release may be used to assist in a background investigation of you and may be used in conjunction with your application to evaluate your suitability for employment at MUSC. I hereby authorize the release to MUSC of information held by any parties regarding previous employment, my criminal history record, and/or record of convictions in state and local files for violation of any federal, state, local statutes or ordinances, military records, my credit history, worker's compensation history, driving record, and scholastic/educational records and hereby release said persons, schools, government agencies, court and law enforcement authorities from damage whatsoever for reusing this information. I hereby acknowledge that MUSC cannot vouch for or guarantee the accuracy of information provided by third parties.

I certify that all information given in this application, including attachments, is true and complete and agree that if the information given is found to be false, it shall be considered sufficient cause for denial of employment or discharge. Authorization is given to MUSC to verify my education record, employment history, and licenses/certifications, and to conduct a criminal record search, background search, and reference checks as required to verify my suitability for employment. I release MUSH/UMA/CFC and any former employer or anyone else from liability for seeking or providing this information. If I am selected for employment, I understand that my employment is conditional on the successful completion of all pre-employment requirements, to include a health screening (physical assessment and drug testing) and criminal record search. BY SIGNING BELOW, I certify that I have read and agree with these statements.

Signature: _____ Date: _____