



The Gullah Museum
of Hilton Head Island

3 Farmers Club Road
Hilton Head Island, SC 29926
Office: 843-681-3254

Date Received: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)	
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____Yes ____No			
Title of Position Applying For: Camp Counselor			Date Available to Work:
Have you been previously interviewed or employed by the Gullah Museum of Hilton Head? ____Yes ____No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for the Gullah Museum of Hilton Head Island? ____Yes ____No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

Notes:

Camps Days are on Saturday from 9 am to 1:00 pm on June 9th, 16th, June 23rd, and June 30th.

Education					
Name and Location		# Years Completed	Major Area of Study	Degree/Diploma	
High School					
College					
Graduate School					
Technical or Certificate Programs					

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:		Dates Employed: From _____ To _____		Job Title:	
Address:					
Telephone:			Job Duties:		
Weekly Pay Start:		Finish:			
Reason for Leaving:					

Employer:		Dates Employed: From _____ To _____		Job Title:	
Address:					
Telephone:			Job Duties:		
Weekly Pay Start:		Finish:			
Reason for Leaving:					

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Election of Veteran's Preference
<p>Do you wish to claim a veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so please check the preference you are claiming.</p> <p><input type="checkbox"/> Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).</p> <p><input type="checkbox"/> Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).</p> <p><input type="checkbox"/> Spouse of deceased veteran.</p> <p><input type="checkbox"/> Spouse of disabled veteran who is unable to use preference due to disability.</p> <p>Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.</p> <p>Signature _____ Date _____</p>

The Gullah Museum of Hilton Head Island is an Equal Opportunity Employer. It is the policy of the Gullah Museum of Hilton Head not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date