

**NORTH CHARLESTON COLISEUM  
PERFORMING ARTS CENTER  
CONVENTION CENTER**



**APPLICATION FOR EMPLOYMENT**

SMG considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, SMG complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. SMG also provides reasonable accommodations to qualified individuals with disabilities in accordance with applicable laws.

To receive proper consideration of this application, ALL questions on this application must be answered.

|  |                        |                        |          |
|--|------------------------|------------------------|----------|
| <b>PERSONAL INFORMATION (PLEASE PRINT)</b>                 |                        | Date of Application    |          |
| Name (Last Name, First Name, Middle Initial)               |                        | Social Security Number |          |
| Current Address  | City                   | State                  | Zip Code |
| Telephone Number   | Email Address          | Referred By            |          |
| Are you over age 18?<br>[ ] Yes [ ] No                     | If not, state your age | Position Requested     |          |
| If under 18, do you have working papers?<br>[ ] Yes [ ] No |                        | Date Available         |          |

**EDUCATION**

|                                  |                 |                          |   |
|----------------------------------|-----------------|--------------------------|---|
| High School Name and Address     | Course of Study | Number of Years Attended | Highest Grade Completed<br>[ ] 9 [ ] 10 [ ] 11 [ ] 12 |
| College School Name and Address  | Course of Study | Number of Years Attended | Highest Grade Completed<br>[ ] 1 [ ] 2 [ ] 3 [ ] 4    |
| Diploma or Degree Received       |                 |                          |   |
| Other (specify) Name and Address | Course of Study | Number of Years Attended | Highest Grade Completed<br>[ ] 1 [ ] 2 [ ] 3 [ ] 4    |
| Diploma or Degree Received       |                 |                          |   |

**PERSONAL INFORMATION**

Do you have any relatives or personal friends in the employment of SMG? [ ] Yes [ ] No

If yes, please state:

|      |              |
|------|--------------|
| Name | Relationship |
| Name | Relationship |

**FIDELITY INFORMATION**

Have you ever worked in a position which required you to be bonded? [ ] Yes [ ] No

|                                  |                    |
|----------------------------------|--------------------|
| If yes, please describe in full: | Name of Supervisor |
|----------------------------------|--------------------|

Answering yes WILL NOT necessarily disqualify you from consideration.

This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? [ ] Yes [ ] No

If yes, please explain:

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, SMG will verify the status of every individual offered employment. In connection with these laws, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization after an offer of employment is made.

Are you currently authorized to work for all employers in the United States on a full-time basis, or only for your current employer?

All employers

Current employer only

**EMPLOYMENT HISTORY**

Give names and addresses of previous employers during the last ten (10) years, including civil service. List in order with current or last employer first and if additional space is required, a separate attachment may be added. If you are now working, give name and address of present employer and state such reason or desire to resign. Also give reason for any lapse of time between periods of employment.

|   |                      |                                       |                             |
|---|----------------------|---------------------------------------|-----------------------------|
| Employer's Name and Address               | Telephone Number     | Salary/Wages per hour                 |                             |
|   | Immediate Supervisor | Start Date                            | End Date                    |
|   | Reason for leaving   | May we contact your present employer? |                             |
| Describe in detail the work you performed |                      | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |

|   |                      |                                       |                             |
|---|----------------------|---------------------------------------|-----------------------------|
| Employer's Name and Address               | Telephone Number     | Salary/Wages per hour                 |                             |
|   | Immediate Supervisor | Start Date                            | End Date                    |
|   | Reason for leaving   | May we contact your present employer? |                             |
| Describe in detail the work you performed |                      | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |

|   |                      |                                       |                             |
|---|----------------------|---------------------------------------|-----------------------------|
| Employer's Name and Address               | Telephone Number     | Salary/Wages per hour                 |                             |
|   | Immediate Supervisor | Start Date                            | End Date                    |
|   | Reason for leaving   | May we contact your present employer? |                             |
| Describe in detail the work you performed |                      | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |

**ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY**

1. Have you ever been dismissed or forced to resign from employment?  Yes  No

If yes, please describe in full:

| PREVIOUS EMPLOYMENT WITH SMG | Date | Location |
|------------------------------|------|----------|
|------------------------------|------|----------|

***Please read and sign below***

I understand and voluntarily agree that:

- The facts set forth in my application for employment are true and complete. I understand that any misrepresentations, omissions or false statements on this application shall be considered sufficient cause for refusal of employment, or, if employed, termination from SMG.
- I understand that if employed, I may be required to submit to drug and alcohol testing at various times without prior notice. A positive report from a drug or alcohol test will disqualify me from employment and will result in my termination.
- You are hereby authorized to make any investigation or verify all the information provided by me concerning, among other things, my prior employment, driving or criminal record, mode of living and/or other background data, including credit information, as it may relate to the position(s) I am applying for. I understand that upon written request to the Company, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
- I authorize and request that all of my present and former employers and those individuals that I establish as personal references furnish information about my employment records, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.
- I understand that in the event I am employed, my employment and compensation may be terminated with or without cause, with or without notice, at any time, at the option of either the company or me. I further understand that no representative of SMG, other than the President/CEO or his/her designee has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement different from or contrary to any Company policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

\_\_\_\_\_  
Signature Date

| FOR OFFICE USE ONLY   |          |             |            |          |
|-----------------------|----------|-------------|------------|----------|
| Original Date of Hire | Position | Shift       | Start Date | Location |
| Interviewed By        |          | Employed By |            |          |

## CONFIDENTIAL VOLUNTARY QUESTIONNAIRE

As an equal opportunity employer and government contractor, we are obligated by Federal regulations to monitor our employment practices to ensure nondiscrimination, measure the effectiveness of our affirmative action program and produce required reports. To assist in this process, you are invited to complete this questionnaire which will be greatly appreciated.

You are **NOT** required by law to provide the information requested. If you elect to provide the data, it will be detached from your application, be kept confidential, and used only in accordance with government regulations and Affirmative Action Policy. Refusal to provide this data will not adversely affect consideration for employment.

- Race/Ethnic Group     Hispanic or Latino                       White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

Sex:                     Male                     Female

### VETERANS STATUS

1. Served on active duty during any war, campaign, or expedition for which a campaign badge was authorized?  
      \_\_\_\_\_ YES        \_\_\_\_\_ NO
2. Received the Armed Forces Service Medal?        \_\_\_\_\_ YES        \_\_\_\_\_ NO
3. Recently separated veteran (discharged or released from active duty within 3 years)?        \_\_\_\_\_ YES        \_\_\_\_\_ NO
4. Disabled Veteran?        \_\_\_\_\_ YES        \_\_\_\_\_ NO

APPLICANT'S NAME (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

**Please check one of the boxes below:**

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

# Equal Employment Opportunity is **THE LAW**

## **Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations**

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

### **DISABILITY**

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

### **AGE**

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

### **SEX (WAGES)**

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

### **GENETICS**

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

### **RETALIATION**

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

### **WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED**

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at [www.eeoc.gov](http://www.eeoc.gov) or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at [www.eeoc.gov](http://www.eeoc.gov).

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## Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

### **INDIVIDUALS WITH DISABILITIES**

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

### **DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

### **RETALIATION**

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at [OFCCP-Public@dol.gov](mailto:OFCCP-Public@dol.gov), or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

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## Programs or Activities Receiving Federal Financial Assistance

### **RACE, COLOR, NATIONAL ORIGIN, SEX**

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

### **INDIVIDUALS WITH DISABILITIES**

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.