



TOWN OF PENDLETON
FORM 2A

**RELEASE FORM
TOWN OF PENDLETON
310 GREENVILLE STREET, PENDLETON SC 29670
(864) 646-9409**

I DO HEREBY AUTHORIZE THE TOWN OF PENDLETON, SOUTH CAROLINA, TO CONDUCT WHATEVER INVESTIGATION NECESSARY TO CONFIRM ALL INFORMATION OF STATEMENTS SUBMITTED ON THIS APPLICATION FOR EMPLOYMENT.

I ALSO AUTHORIZE THE TOWN OF PENDLETON TO CONDUCT A DRUG SCREENING SHOULD I RECEIVE AN OFFER OF EMPLOYMENT FOR A TOWN POSITION.

THE USE OR ACCEPTANCE OF THIS FORM DOES NOT INDICATE ANY POSITIONS ARE AVAILABLE AND IN NO WAY OBLIGATES THE TOWN OF PENDLETON TO OFFER EMPLOYMENT.

SIGNATURE: _____ DATE: _____

DATE OF BIRTH: _____ SSN: _____

IN ORDER TO EVALUATE THE SUCCESS OF OUR RECRUITING EFFORTS AND TO COMPLY WITH VARIOUS STATE AND FEDERAL LAWS, WE ASK ALL APPLICANTS VOLUNTARILY TO PROVIDE THE INFORMATION INDICATED BELOW. THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE AND WILL IN NO WAY BE USED IN THE HIRING DECISION PROCESS.

POSITION APPLIED FOR: _____

MALE _____ FEMALE _____

WHITE (NOT OF HISPANIC ORIGIN) _____ HISPANIC _____ AFRICAN-AMERICAN _____

ASIAN/PACIFIC ISLANDER _____ AMERICAN INDIAN _____

ARE YOU RECEIVING PUBLIC ASSISTANCE? AFDC _____ (FI STIPEND)
FOOD STAMPS _____

