

# **Application For Employment**

**City of Walterboro** Personnel Department 300 Hampton Street Walterboro, SC 29488

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

	(PLEA	SE PRINT)			
Position(s) Applied For		Full Time	Part Time	Date of Appli	cation
How Did You Learn Abo	out Us?				
Advertisement	Friend		alk- In		
Employment Agency	y Relative	0	ther		
Last Name	First Name		Middle	Name	
Address Number Street	t	City		State	Zip Code
	r				
Telephone Number(s)	Driver's License #	State		Social Secur	ity Number
If you are under 18 years proof of your eligibility t		required		Yes	No
Have you ever filed an ap	oplication with us before	?		Yes	No
			If yes, give da	ate	
Have you ever been empl	loyed with us before?			Yes	No
			If yes, give da	ate	
Are you currently employ	yed?			Yes	No
May we contact your pre	sent employer?			Yes	No
Are you prevented from	• • • •	•			
in this country because of Proof of citizenship or immigrate	t V18a or Imm1gration Station status will be required upon emplo			Yes	<b>No</b>
On what date would you	be available for work?				
Are you available to wor	k: Full Time	Part Time	Shift W	Vork 🛛	Temporary
Are you currently on "lay	v-off" status and subject t	o recall?		Yes	No
Can you travel if a job re	Yes	No			
Have you been convicted Conviction will not necessarily d	l of a felony within the la lisqualify an applicant from employme	•		Yes	No

If yes, please explain \_\_\_\_\_

## Education

	Elementary School	High School	Undergraduate College/ University	Graduate/ Professional
School Name and Location				
Years Completed	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c cccc}9 & 10 & 11 & 12\\ \hline & \hline & \hline & \hline & \hline \end{array}$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Diploma/ Degree				
Describe	Course of Study			
Describe any specialized training, apprenticeship skills, and extra- curricular activities				
Describe any honors you have received	u			
State any additional information you feel ma be helpful to us in considering your application	у			

Indicate any foreign languages you can speak, read, and/ or write				
	Fluent	Good	Fair	
Speak				
Read				
Write				

List professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

#### References

Give name, address, and telephone number of three references who are <i>not</i> related to you and are not	
previous employers.	

1.

2.

3.

Do you have any relatives currently employed by the City of Walterboro? Yes

No

If so, please provide their name, the relationship, the department in which they are employed, and the position they hold:

Have you ever had any job- related training in the United States Military?	Yes	No	
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If Yes, please describe:

#### **Employment Experience**

Start with your present or last job. Include any job- related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer	Employer Dates Employer		yed	Work Performed
		From	То	
Address				
T11 N1 ()	II 1 D (	0.1		
Telephone Number(s)		Hourly Rate/ Starting	Final	
Job Title	Supervisor	Starting		
500 Hite	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
2.		From	То	
Address		-		
Telephone Number(s)		Hourly Rate/	Salary	
	I ~ .	Starting	Final	
Job Title	Supervisor			
Reason for Leaving	l	-		
2 Employer		Datas Emplo	red	Work Performed
3. Employer		Dates Emplo		work Performed
A 11		From	То	
Address				
Telephone Number(s)		Hourly Rate/ Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		_		
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	То	
Address				
Telephone Number(s)		Hourly Rate/	' Salary	
· · · · · · · · · · · · · · · · ·		Starting	Final	
Job Title	Supervisor			
		_		
Reason for Leaving				
5. Employer		Dates Emplo	yed	Work Performed
		From	То	
Address			1	
Telephone Number(s)		Hourly Rate/ Starting	Salary Final	
Job Title	Supervisor	Starting	1.11181	
JOUTHE	Supervisor			
Reason for Leaving		-		

If you need additional space, please continue on a separate sheet of paper.

## **Residence History**

	-						
1.	Address N	lumber	Street		City	State	Zip Code
							r
Dates	s at this address	From		То			
2.	Address N	Iumhor	Street		City	State	Zip Code
∠.	Address N	uniber	Succi		City	State	Zip Code
Dates	s at this address	From		То			
3.	Address N	Jumber	Street		City	State	Zip Code
5.	Address IV	unioci	Sheet		City	State	Zip Couc
Dates	s at this address	From		То			
4.	Address N	lumber	Street		City	State	Zip Code
••	114410551	unioei	Succe		City	State	Zip Coue
Dates	s at this address	From		То			
5.	Address N	Jumber	Street		City	State	Zip Code
5.	110010551		Succi		City	State	
Dates	s at this address	From		То			

#### Start with your present address. Include all addresses for the past fifteen years.

<u>Special Skills and Qualifications</u> Summarize special job- related skills and qualifications acquired from employment or other experience.

#### Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge 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 acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PER	RSONNEL DEF	PARTMENT USE ONLY	
Arrange Interview Yes	🗌 No		
Remarks:			
		Interviewer	Date
Employed Yes	No	Date of Employment	
Job Title Hourly	/ rate/ Salary	Depart	ment
By Name and Title			Date
NOTES:			



## **Applicant Data Record**

City of Walterboro Personnel Department 248 Hampton Street Walterboro, SC 29488 (PLEASE PRINT)

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/ government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record.

This Data is for periodic government reporting and will be kept in a <u>Confidential File</u> separate from the Application for Employment.

Data

			Dute			
Position(s) Applied	For					
<b>Referral Source:</b>	Advertisement	Friend	Relative			
	Employment Agen	cy Other				
Name: Last	First	Middle	Phone Number			
Address: Number	Street	City	State Zip Code			
Affirmative Action Survey Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.						
Check one:	Male	Female				
Check one of the following: Race/ Ethnic: White Black Hispanic						
		Indian/ Alaskan Native	Asian/ Pacific Islander			
Check if any of the following are applicable: Vietnam Era Veteran Disabled Veteran Handicapped Individual						