

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

	(.	Please Print)				
Position(s) Applied For			Date of A	Application		
How did you Learn About Us?	Advertisement Employment Agency	Relative Friend	Inquiry Other			
Last Name	First Name			Middle Name		
Address Number	Street City		State	Zip Co	ode	
Telephone Number(s)				Social Security Numb	ber	1
Best time to contact you at	home is:					AM /PM
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes					Y es	No
Have you ever filed an app	lication with us before? .				Yes	No
If Yes, give date Under SC Law, The City of Barnwell maintains employment applications on all candidates for a period of two years following the date of the application. Applicants may apply for jobs in other departments within those two years if they feel so qualified.					ins 1.	
Have you ever been employ	yed with us before?				Yes	No
If Yes, g	ve date					
Do any of your friends or r	elatives, other than spous	e, work here?			Yes	No
Are you currently employe	d?				Yes	No
May we contact your prese	nt employer?				Yes	No
Are you prevented from law Proof of citizenship	wfully becoming employed por immigration status v					
Date available for work	// What is yo	our desired salary r	ange?			
Are you available to work:	Full-Time	(please indicate	1 2 3 s	hift)		
	Part-Time	(please indicate	mornings	afternoons	evenings)	
	Temporary	(please indicate of	dates ava	ilable//_	//_)
Are you currently on "lay-o	off" status and subject to	recall?			. Yes	No
Can you travel if a job requ	nires it?				Yes	No
Continued on the next po	ige					

Do not include convi	OR ANSWERING T ctions that were sealed lted in referral to a dive	l, eradicated, erased, an		expunged, or		
related to the position	Within the past 7 years, have you plead guilty or no contest to, or been convicted of any criminal offense related to the position of which you are applying, other than the applicable exceptions listed					
	arrested for any matter pail or on your own rec					
	NSES ONLY: If you and explain in accordan					
the nature of the crime, occurrences, the app	, its seriousness, the subst licant's age at the time of	tantial relation to the posi the crime, the time elapse	tion's functions and qua ed since the crime, the ap	iob. The City will consider difications, the number of oplicant's entire work and ity of any exclusion when required by law.		
EDUCATION	N					
	Name & Address Of School	Course of Study	Years Completed	Diploma Degree		
GED						
High School						
Undergraduate College						
Graduate Professional						
Other (Specify)						
Describe any specialized to	raining, apprenticeship, skil	ls and extra-curricular acti	vities.			

Desc	cribe any job-related training	g in the United States military.			
					•
El	MPLOYMEN	Γ EXPERIENCE	1		
You					ignments and volunteer activities. tional origin, disabilities or other
1	Employer		Dates Employed From To Work Performed		Work Performed
1.	Address		From	10	
	Telephone Number(s)		Hourly R	ates/Salary Final	
	Job Title	Supervisor	Starting	Filiai	
	Reason for Leaving				
2	Employer			Employed	Work Performed
2.	Address		From	То	Work I criorined
	Telephone Number(s)		Hourly R Starting	ates/Salary Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates F From	Employed To	Work Performed
	Address				
	Telephone Number(s)		Hourly R	ates/Salary Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates F From	Employed To	Work Performed
	Address				
	Telephone Number(s)		Hourly R	ates/Salary Final	
	Job Title	Supervisor			
	Reason for Leaving		1		

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

ADDITIONAL INFORMATION

	usiness or civic activities and which would reveal gender, race, rel	d offices held. igion, national origin, age, ancestry,	disability or other protected status:
Other Qualifications			
	lated skills and qualification	s acquired from employment of	or other experience.
Specialized Skills	(Check Skills/	Equipment Operated)	
Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
PC/MAC	Word Processing	Backhoe Operation	
— Typewriter	Shorthand		
_ 31	_		
state any additional info	rmation you feel may be hel	pful to us in considering you	application.
REFERENCES		()	
<u>l.</u>		()	
2.		()	
3.		()	

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YESNO
APPLICANT'S STATEMENT
I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Barnwell 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. This application and certain information contained herein may be subject to the Freedom of Information Act (FOIA). This means if you apply for a position and we receive a FOIA request we are required to provide a copy of this application if you are in the top three finalists. The hiring department will notify you if you are selected for an interview. All applications are kept on file for a two (2) year period after date of application. 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 PERSONNEL DEPARTMENT USE ONLY
Date and Time Received in HR: Initials Arrange Interview Yes No Remarks
Interviewer Date

Name and Title

Date

Ву _____