

# Application For Employment

City of North Charleston  
Personnel Department  
PO Box 190016  
North Charleston, SC 29419-9016



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.

**(PLEASE PRINT)**

Position(s) Applied For		Date of Application / /	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk- In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address Number	Street	City	State Zip Code
Telephone Number(s) - -	Driver's License #	State	Social Security Number - -

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes  No

Have you ever filed an application with us before?

Yes  No

If yes, give date \_\_\_/\_\_\_/\_\_\_

Have you ever been employed with us before?

Yes  No

If yes, give date \_\_\_/\_\_\_/\_\_\_

Are you currently employed?

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work?

\_\_\_/\_\_\_/\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?

Yes  No

Can you travel if a job requires it?

Yes  No

Have you been convicted of a felony within the last 7 years?

Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

	Elementary School					High School				Undergraduate College/ University				Graduate/ Professional			
School Name and Location																	
Years Completed	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Diploma/ Degree						<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
Describe Course of Study																	
Describe any specialized training , apprenticeship, skills, and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

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 not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever had any job- related training in the United States Military?  Yes  No

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		Dates Employed		Work Performed
			From	To	
Address					
Telephone Number(s) - -			Hourly Rate/ Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
Address					
Telephone Number(s) - -			Hourly Rate/ Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
Address					
Telephone Number(s) - -			Hourly Rate/ Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
Address					
Telephone Number(s) - -			Hourly Rate/ Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

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

## **Special Skills and Qualifications**

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 PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Interviewer Date

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly rate/ Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

Name and Title

\_\_\_\_\_  
Date

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Applicant Data Record

City of North Charleston  
Personnel Department  
PO Box 190016  
North Charleston, SC 29419-9016



( 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 Confidential File separate from the Application for Employment.

Date: \_\_\_/\_\_\_/\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  
 Employment Agency  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

American Indian/ Alaskan Native  Asian/ Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Handicapped Individual