



CITY OF GEORGETOWN

1134 North Fraser Street / 417 Wood Street

Georgetown, SC 29440

www.cityofgeorgetownsc.com

Date Received

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and a Drug/Alcohol-Free Workplace

POSITION APPLYING FOR: _____

Applicant information

Full Name: _____ Soc. Sec. # _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State Zip Code

Telephone Number () Email: _____

When are you available to start work? _____

Are you 18 years of age or older? [] Yes [] No

Are you authorized to work in the U.S.? [] Yes [] No

Have you ever worked for the City of Georgetown? [] Yes [] No

if yes, when _____

reason for leaving _____

Are you related to anyone employed by the City of Georgetown? [] Yes [] No If yes, please provide name and position: _____

How did you learn of this position with the City of Georgetown?

[] Employee Referral

[] City website

[] Face Book

[] Newspaper

[] Other

Education

HIGH SCHOOL: _____ City and State: _____

From: _____ To: _____ Did you graduate or earn a GED? [] Yes [] No

College: _____ City and State: _____

From: _____ To: _____ Did you graduate? [] Yes [] No Degree/Major: _____

Other: _____ City and State: _____

From: _____ To: _____ Did you graduate? [] Yes [] No Degree/Major: _____

Military Service

US Military Service: [] Yes [] No Branch: _____

From: _____ To: _____

Current Rank/Rank at Discharge: _____

ALL APPLICANTS ARE REQUIRED TO ANSWER THE FOLLOWING QUESTIONS PRIOR TO EMPLOYMENT WITH THE CITY

Have you ever been convicted of or pled guilty or no contest to any crime other than a minor traffic violation? [] Yes [] No

(A yes answer to this question will not necessarily disqualify a candidate from employment) If yes, please give details: _____

Have you ever been discharged or asked to resign from any job? [] Yes [] No (A yes answer to this question will not necessarily disqualify a candidate from employment) If yes, please give details: _____

Applicant information

Do you have a current drivers license? [] Yes [] No

Do you have a CDL: [] Yes [] No

List any special skills/or qualifications you have including certifications, licenses, etc):

Please list any special training:

Previous Employment

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____ Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor? [] Yes [] No

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____ Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor? [] Yes [] No

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____ Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor? [] Yes [] No

References

Please list three (3) professional references:

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

City of Georgetown—Georgetown, SC 29440

Disclaimer and Authorization Release

In connection with my application and/or continued employment with the City of Georgetown, I authorize any representative of the City of Georgetown bearing this release to obtain any information upon request from the bearer. I agree to the following:

- *I understand that false, misleading information or omissions in my application or interview may result in my not being further considered for employment, or if hired, may result in termination.*
- *I further understand that any employment relationship will be “at will”. Accordingly, either party may terminate the employment relationship at any time with or without notice or cause.*
- *I authorize the City of Georgetown to contact my former employers and educational organizations regarding employment and education.*
- *I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance and grades.*
- *I authorize those persons designated as references to fully and freely communicate information regarding my character, performance, work ethic, and education*
- *I consent to your release of any and all public and private information in regards to my military service records (if applicable), educational records, my financial status, driving record, credit report and my criminal and civil history record.*
- *The City of Georgetown is a drug/alcohol free work place and if offered employment, a drug and/or alcohol test will be required prior to starting work. The City of Georgetown also reserves the rights to require a drug and/or alcohol test during employment whenever it has reasonable suspicion of a violation of its drug/alcohol policies. Please note that some positions may be subject to randomized drug and/or alcohol testing.*
- *Some positions require a physical examination. If you are offered employment in one of these positions, you will be required to submit to a physical exam by the City’s doctor of choice prior to beginning work*
- *I agree to take a polygraph exam (if applicable), this is a prerequisite to certain position(s) within the City of Georgetown*
- *In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.*
- *I understand my rights with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Georgetown in conjunction with employment procedures.*
- *I acknowledge that a FAX or photocopy of this release form will be as valid as an original*
- *I have been given the opportunity to carefully read the above disclaimer and authorization and I understand and agree to its terms*

I declare under penalty of perjury that the Disclaimer and Authorization is true and accurate.

Signature: _____

Date: _____

NOTE: All Applicants not contacted within 45 working days after application closing date, may consider the position filled.