

TYPE OF WORK DESIRED

Indicate the position for which you are applying: _____

Do you wish to work: ___ Full Time ___ Part Time ___ Temporarily

If part time, specify hours and/or days: _____

What is your minimum *weekly* salary requirement? _____

Date available for work: _____

Do you have any commitments to another employer that might affect your employment with us? _____

If yes, please explain: _____

SKILLS

Typing speed _____ words per minute; Steno speed _____ words per minute

Equipment or machines you can operate: _____

Do you possess a valid driver's license? _____ Class: _____

Other _____

EDUCATION

High School _____ Location _____

From _____ to _____ Did you graduate? ___ Yes ___ No Degree: _____

College _____ Location _____

From _____ to _____ Did you graduate? ___ Yes ___ No Degree: _____

Graduate _____ Location _____

From _____ to _____ Did you graduate? ___ Yes ___ No Degree: _____

Other _____ Location _____

From _____ to _____ Did you graduate? ___ Yes ___ No Degree: _____

MILITARY EXPERIENCE

Were you in U. S. Armed Forces? ___ Yes ___ No If yes, what branch? _____

Dates of duty: From: _____ To: _____ Rank at Separation _____

Briefly describe your duties: _____

GENERAL INFORMATION

Are you legally authorized to work in the United States? ___ Yes ___ No

Are you below the age of 18? ___ Yes ___ No

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? ___ Yes ___ No If yes, explain _____

Have you ever been convicted of a criminal offense? ___ Yes ___ No

An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.

If so, please provide the following:

Date _____ Place _____ Nature: _____

Date _____ Place _____ Nature: _____

Date _____ Place _____ Nature: _____

Have you previously applied for employment here? ___ Yes ___ No If yes, when? _____

Have you previously been employed by The City of Anderson? ___ Yes ___ No

If yes, when? _____ Which department? _____

REFERENCES (NOT EMPLOYERS OR RELATIVES –AT LEAST THREE)

1. Name _____ Phone() _____ Occupation _____

Address _____ City _____ State _____ Zip Code _____

2. Name _____ Phone() _____ Occupation _____

Address _____ City _____ State _____ Zip Code _____

3. Name _____ Phone() _____ Occupation _____

Address _____ City _____ State _____ Zip Code _____

4. Name _____ Phone() _____ Occupation _____

Address _____ City _____ State _____ Zip Code _____

Please include any information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability.)

EMPLOYMENT HISTORY

Please list present or most recent employer first.

May we contact these employers? Yes No

Company _____ Phone () _____
Address _____ City _____ State _____ Zip Code _____
Job Title _____ Supervisor _____
Employed from _____ to _____ Starting Salary _____ Ending Salary _____
Duties _____
Reason for Leaving _____

Company _____ Phone () _____
Address _____ City _____ State _____ Zip Code _____
Job Title _____ Supervisor _____
Employed from _____ to _____ Starting Salary _____ Ending Salary _____
Duties _____
Reason for Leaving _____

Company _____ Phone () _____
Address _____ City _____ State _____ Zip Code _____
Job Title _____ Supervisor _____
Employed from _____ to _____ Starting Salary _____ Ending Salary _____
Duties _____
Reason for Leaving _____

Company _____ Phone () _____
Address _____ City _____ State _____ Zip Code _____
Job Title _____ Supervisor _____
Employed from _____ to _____ Starting Salary _____ Ending Salary _____
Duties _____
Reason for Leaving _____

IMPORTANT

Please Read Carefully and Initial Each Paragraph Before Signing

By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify The City if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

_____Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize The City to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand that the City may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to The City, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

_____Initials

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide The City with relevant information and opinion that may be useful to The City in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

_____Initials

If hired, I give permission for a complete physical examination and I consent to the release to The City of any and all medical information, as may be deemed necessary by The City in judging my capability to do the work for which I am applying.

_____Initials

I understand that if hired and if my employment is terminated by The City for dishonesty, breach of trust, or any criminal act, the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investments or other activities that create a conflict of interest with my position with The City.

_____Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME; I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

_____Initials

IF YOU ARE HIRED, A MEDICAL EXAMINATION WILL BE REQUIRED BEFORE YOU START WORK. IF THE EXAMINATION DISCLOSES MEDICAL CONDITIONS THAT PREVENT YOU FROM SUCCESSFULLY PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB, THE CITY WILL ATTEMPT TO MAKE ACCOMMODATIONS TO ALLOW YOU TO WORK. IF NO REASONABLE ACCOMMODATIONS CAN BE FOUND, OR THEY CAUSE AN UNDUE HARDSHIP ON THE CITY, THE TENTATIVE OFFER OF EMPLOYMENT WILL BE WITHDRAWN.

Date: _____

Signed _____

AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensations claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with you signature be accepted with the same authority as the original.

You have the right to make a request of HireCheck, Inc., upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish HireCheck, Inc. with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box. If checked and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of this public record information within seven (7) days of the employer's receipt unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

Print your Name: _____

Street Address: _____

City: State: Zip Code: _____

Social Security Number: _____

Drivers License State: _____ License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____ Race: _____ Gender (M or F): _____

Other or Former Names: _____

Professional License: _____ State: _____ Type: _____ Number: _____

Signature: _____ Date: _____