

# THE CITY OF ANDERSON

401 SOUTH MAIN STREET  
ANDERSON, SC 29624

## APPLICATION FOR EMPLOYMENT

The City Of Anderson is an equal employment opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, sexual orientation, marital status, military status, or the presence of any physical or mental medical condition or disability. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non job-related information.

**This application will be given complete consideration, but its receipt does not imply that the applicant will be employed.**

### PLEASE PRINT

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Sec.No. \_\_\_\_\_  
Last First Middle

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code \_\_\_\_\_ Business Telephone \_\_\_\_\_

Area Code \_\_\_\_\_ Home Telephone \_\_\_\_\_

How were you referred to us?  Newspaper ad  School  On my own  
 City Employee  Agency  Other

Name of referral source: \_\_\_\_\_

Do you have or have you ever had immediate family members employed by the City of Anderson? \_\_\_\_\_

Please note: This application form was designed for use by persons for various types of positions with the City of Anderson – clerical, professional, technical, and administrative. Please answer the questions to the best of your ability. All information will be treated confidentially.

**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 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? \_\_\_\_\_

**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 \_\_\_\_\_

**EDUCATIONAL DATA**

| School | Print name, number and street, city, state<br>And zip code for each school listing | No. of years<br>completed | Degree, Major, or<br>type of course |
|--------|--|---------------------------|-------------------------------------|
|--------|--|---------------------------|-------------------------------------|

High School \_\_\_\_\_

College \_\_\_\_\_

Graduate School \_\_\_\_\_

Trade, Business  
Night, or Corres. \_\_\_\_\_

Other \_\_\_\_\_

**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 \_\_\_\_\_



**EMPLOYMENT HISTORY**

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List present employer or more recent employer first.  
May we contact these employers? \_\_\_ Yes \_\_\_ No

|                                      |                                 |
|--------------------------------------|---------------------------------|
| Employer _____                       | Supervisor's name _____         |
| Address _____                        | Your job title _____            |
| Telephone _____                      | Employed from _____<br>to _____ |
| Your salary<br>Start _____ End _____ | Duties: _____                   |

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Reason for leaving \_\_\_\_\_

|                                      |                                 |
|--------------------------------------|---------------------------------|
| Employer _____                       | Supervisor's name _____         |
| Address _____                        | Your job title _____            |
| Telephone _____                      | Employed from _____<br>to _____ |
| Your salary<br>Start _____ End _____ | Duties: _____                   |

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Reason for leaving \_\_\_\_\_

|                                      |                                 |
|--------------------------------------|---------------------------------|
| Employer _____                       | Supervisor's name _____         |
| Address _____                        | Your job title _____            |
| Telephone _____                      | Employed from _____<br>to _____ |
| Your salary<br>Start _____ End _____ | Duties: _____                   |

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Reason for leaving \_\_\_\_\_

|                                      |                                 |
|--------------------------------------|---------------------------------|
| Employer _____                       | Supervisor's name _____         |
| Address _____                        | Your job title _____            |
| Telephone _____                      | Employed from _____<br>to _____ |
| Your salary<br>Start _____ End _____ | Duties: _____                   |

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Reason for leaving \_\_\_\_\_

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**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 compensation 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 your 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 the 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:** \_\_\_\_\_

**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:** \_\_\_\_\_