

EMPLOYMENT APPLICATION

TOWN OF CENTRAL

1067 WEST MAIN STREET, P O BOX 549, CENTRAL, SC 29630

TELEPHONE (864) 639-6381 – FAX (864) 639-1252

WEBSITE: www.cityofcentral.org

All applicants are considered without regard to race, color, religion, sex, national origin, age, veteran status, or disability.

PLEASE TYPE OR PRINT ALL ANSWERS IN INK

PERSONAL DATA

1. Name: _____
(Last) (First) (Middle)

List other names by which you have been known: _____

2. Address: _____
(Street) (City/Town) (State) (Zip Code)

3. Phone: Home (_____) _____ Cell (_____) _____

4. Email Address: _____ @ _____

Salary expected: _____ Social Security Number _____

Position Applied For: _____
(Applications accepted **ONLY** for opening advertised) Date available to Work _____

5. EDUCATION AND TRAINING

Circle highest grade completed: _____ Did you graduate? _____ High School Equivalent (GED) _____
7 or less 8 9 10 11 12 13 14 15 16 17 18 ___yes ___no ___yes ___no

TYPE OF SCHOOL	SCHOOL NAME CITY & STATE	DIPLOMA OR DEGREE AWARDED	MAJOR FIELD
LAST SCHOOL ATTENDED			
COLLEGES ATTENDED			
OTHER (MILITARY, TRADE, BUSINESS, GRADUATE SCHOOL, ETC.)			

Special qualifications: include technical/professional licenses and numbers; academic and/or professional credentials.

6.

SKILLS

Computer Experience _____
 (i.e., data entry, word processing, spreadsheets)
 Software Used _____
 (i. e., Word, Excel, Access)
 Keyboarding _____ key strokes per minute Other _____

7. Do you possess a valid Driver's License?

___Yes ___No State _____ Driver's License Number _____ Class _____

8. Employment History

A brief description of duties for each position is required below. Additional details may be provided by attaching a resume, if desired. Please provide your employment history beginning with your present or most recent employer and list all positions held including military, part-time, summer, volunteer work and any periods of unemployment. An explanation of any period of unemployment should be included under item 12.

A.
Name of Company: _____
Address: _____
From: _____ **To:** _____ **Title:** _____
Reason for leaving: _____
Name of Supervisor: _____
Telephone Number(s): _____
Beginning Salary: _____ **Ending Salary:** _____
Brief Description of Duties: _____

B.
Name of Company: _____
Address: _____
From: _____ **To:** _____ **Title:** _____
Reason for leaving: _____
Name of Supervisor: _____
Telephone Number(s): _____
Beginning Salary: _____ **Ending Salary:** _____
Brief Description of Duties: _____

C.

Name of Company: _____

Address: _____

From: _____ To: _____ Title: _____

Reason for leaving: _____

Name of Supervisor: _____

Telephone Number(s): _____

Beginning Salary: _____ Ending Salary: _____

Brief Description of Duties: _____

D.

Name of Company: _____

Address: _____

From: _____ To: _____ Title: _____

Reason for leaving: _____

Name of Supervisor: _____

Telephone Number(s): _____

Beginning Salary: _____ Ending Salary: _____

Brief Description of Duties: _____

E.

Name of Company: _____

Address: _____

From: _____ To: _____ Title: _____

Reason for leaving: _____

Name of Supervisor: _____

Telephone Number(s): _____

Beginning Salary: _____ Ending Salary: _____

Brief Description of Duties: _____

May we contact the employers listed above? Yes No

If No, please indicate which employer(s) you do not wish us to contact:

9. CRIMINAL, TRAFFIC, AND/OR CIVIL COURT RECORD

A. Have you ever been convicted of, pled guilty, or pled nolo contendere (no contest) to a felony?

___ Yes ___ No

If answer is YES, please give complete details under item 12. (A conviction will not necessarily exclude you from employment consideration.)

B. In the past five (5) years, have you ever been convicted of, pled guilty, or pled nolo contendere (no contest) to a misdemeanor? ___ Yes ___ No

If answer is YES, please give complete details under item 12. (A conviction will not necessarily exclude you from employment consideration.)

10. Have you ever been an employee of the Town of Central?

Employment Dates: _____ Position Held/Department: _____

11. List any of your relatives currently working for The Town of Central, serving as Mayor or Council, or serving on any boards or commissions:

NAME	RELATIONSHIP	DEPARTMENT

12. SPACE FOR DETAILED ANSWERS TO PREVIOUS QUESTIONS

ITEM NUMBER	WRITE IN LEFT COLUMN THE ITEM NUMBER TO WHICH THE ANSWERS APPLY. (If additional space is required, please attach a separate sheet.)

13. List three (3) personal references who have know you more than one (1) year, not related to you, and you have not been employed by.

NAME	ADDRESS	PHONE #

GENERAL INFORMATION

IN ORDER TO PREVENT A DELAY IN THE PROCESSING OF YOUR APPLICATION, PLEASE BE SURE TO SIGN AND DATE THIS FORM AND ANSWER EVERY QUESTION CLEARLY AND COMPLETELY.

Each applicant considered for employment must meet the minimum requirements established for that position. This may include the successful completion of a verbal/written examination and an employment physical (which includes a medical examination, laboratory tests, and a drug screen).

In compliance with the Title VI of the Consumer Protection Act, this is to advise you that as part of our processing of employment applications, an inquiry may be made concerning an applicant's credit standing, general reputation, character, and personal characteristics. This information may be from previous employers, personal references, law enforcement agencies, and/or consumer reporting agencies. Upon an applicant's hand written request, additional information as to the nature and scope of any report will be provided.

SIGNATURE AND CERTIFICATION

I hereby affirm that the information provided on this application (and accompanying resume and/or documentation, if any) is true and complete to the best of my knowledge. I also understand that falsified information of significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I further understand that this application becomes the property of the Town of Central and will not be returned.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume and/or documentation, if any) to provide any relevant information that may be required to arrive at an employment decision.

I understand that should I be offered a position, my employment can be terminated, with or without cause, at any time at the discretion of either the Town of Central or myself. I understand that no management official other than the Town Administrator has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

Signature _____

Date _____

**WE THANK YOU FOR APPLYING FOR EMPLOYMENT WITH THE TOWN OF CENTRAL,
AN EQUAL OPPORTUNITY EMPLOYER.**

APPLICANT DATA RECORD

(Completion of this form is voluntary.)

THIS DATA IS FOR PERIODIC GOVERNMENT REPORTING AND WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT.

All applicants are considered without regard to race, color, religion, sex, national origin, veteran status, disability or any other legally protected status.

Name _____ Phone (____) ____ - ____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Social Security Number _____ Date of Birth _____ Sex Male Female

Position Applying For: _____ Date _____

How did you learn of this position vacancy? (Please check source below)

___ Job Line ___ College Placement ___ Classified Advertisement (indicate source)

___ Internal Bulletin ___ Employment Agency _____

___ External Bulletin ___ Friend ___ Professional Journal (indicate source)

___ Job Service ___ Relative _____

___ Career Fair ___ Walk-in ___ Other (indicate source)

___ Internet ___ Town of Central Website _____

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 complete the applicant data record. We appreciate your cooperation.

Race/Ethnic Data:

- WHITE BLACK HISPANIC ASIAN OR PACIFIC ISLANDER
 AMERICAN INDIAN OR ALASKAN NATIVE

Veteran Classification(s):

- WORLD WAR II or KOREA VIETNAM ERA VETERAN OTHER COMBAT VETERAN

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SELECTIVE SERVICE COMPLIANCE FORM **(To Be Completed When Applying for Employment)**

MALE APPLICANTS ONLY

Pursuant to Section 1-1-560 of the Code of Laws of South Carolina, a male person who is eighteen years of age or older and who is not in compliance with the federal Military Selective Service Act is not eligible for employment by or service with the State of a political subdivision of the State, including all boards and commissions, departments, agencies, institutions, and instruments of the State.

Applicant Name: _____ SSN: _____

In compliance with state law, please check the box that indicates your current Selective Service registration status.

- I have registered for Selective Service.
- I have been admitted to the United States on a non-immigrant Visa and am exempt from the requirement to register for Selective Service.
- I have not registered for Selective Service and have attached documentation from the Selective Service Agency verifying my exemption.
- I am 26 years old or older and am not required by law to register for Selective Service.

Signature: _____ Date: _____

NOTE: For more information about Selective Service requirements, please visit the Selective Service System website at www.sss.gov.