



Application for At-Will Employment

This application must be completed by applicant in full. Incomplete or unsigned applications will not be considered. Mark all areas that do not apply with "N/A" so as not to leave it to our interpretation as to why it was left blank. Be aware that certain information contained in this completed application may be subject to the **SC Freedom of Information Act. Thank you for your interest in employment with the City of Hartsville.**

PLEASE PRINT. (This application is not, and is not intended to be, a contract of employment.)

POSITION APPLIED FOR (One position per application) _____ Date _____

Name _____ Driver's License # _____ State & Exp Date _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Email _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle or had your license, permit or privilege suspended or revoked? Yes No
 If yes, provide details: _____

Have you been convicted, pled no contest, or pled not guilty of a crime other than a minor traffic violation? Yes No
 NOTE: Conviction is not necessarily a bar to employment. Circumstances surrounding the conviction and job applied for are considered.
 If yes, please explain. _____

Are there any charges or indictments now pending against you? Yes No
 If yes, please explain: _____

Are you a citizen of the United States? Yes No Are you an alien lawfully authorized to work in the United States? Yes No

Have you ever worked for the City of Hartsville? Yes No
 If yes, what department, position and when? _____

Have you ever been terminated or forced to resign from any job? Yes No
 If yes, please explain: _____

AVAILABILITY

<input type="checkbox"/> Immediately	Are you willing to work (check all that apply):	<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> Outdoors
<input type="checkbox"/> After two week notice		<input type="checkbox"/> Full time (40 hr per week)	<input type="checkbox"/> Nights/Weekends
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Part time (Less than 30 hr per week)	<input type="checkbox"/> Rotating Shifts

EDUCATION

What specific academic, vocational, technical or professional education(s) have you had that relates to this job?

 Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 13 14 15 16 / Graduate School 17 18 19

NAME & LOCATION OF SCHOOL	DATES ATTENDED	GRADUATE	DEGREE	MAJOR
		Yes _____ No _____		
		Yes _____ No _____		
		Yes _____ No _____		

MILITARY SERVICE

Branch _____ Rank _____ Date Entered _____ Date Discharged _____

SKILLS

Computer Software	Indicate the types of software you are skilled in using: <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> WordPerfect <input type="checkbox"/> Lotus 1-2-3 <input type="checkbox"/> AutoCAD <input type="checkbox"/> Other: _____
Equipment	Indicate the types of equipment you are skilled in operating: <input type="checkbox"/> Trucks/Dump trucks <input type="checkbox"/> Backhoes <input type="checkbox"/> Motor Graders <input type="checkbox"/> Other _____
Professional Registrations/Licenses/Certifications	Please list (Examples: CPA, EMT, CPR, Water and Wastewater certifications): _____
Other Training (Include Military)	

(Not a Contract)

REFERENCES

List three (3) persons (not former employers or relatives) whom you have known for at least three (3) years.

Name	Address	Phone	Occupation

List any relative(s) employed by the City of Hartsville (give name, department, and relationship to you). _____

EMPLOYMENT HISTORY

Please include part-time and temporary employment, as well as job-related military service. List any self-employment. **Attach additional sheets if necessary.**

May we contact your current employer? Yes No

Current Employer:
Name of Company _____ Address _____
Telephone Number () _____
Starting Date _____ Entry Job Title _____ Entry Salary \$ _____ per _____
Ending Date _____ Ending Job Title _____ Ending Salary \$ _____ per _____
Detailed Description of Duties _____
Name and Title of Supervisor _____
Reason for Leaving _____

Previous Employer:
Name of Company _____ Address _____
Telephone Number () _____
Starting Date _____ Entry Job Title _____ Entry Salary \$ _____ per _____
Ending Date _____ Ending Job Title _____ Ending Salary \$ _____ per _____
Detailed Description of Duties _____
Name and Title of Supervisor _____
Reason for Leaving _____

Next Most Recent Employer:
Name of Company _____ Address _____
Telephone Number () _____
Starting Date _____ Entry Job Title _____ Entry Salary \$ _____ per _____
Ending Date _____ Ending Job Title _____ Ending Salary \$ _____ per _____
Detailed Description of Duties _____
Name and Title of Supervisor _____
Reason for Leaving _____

Next Most Recent Employer:
Name of Company _____ Address _____
Telephone Number () _____
Starting Date _____ Entry Job Title _____ Entry Salary \$ _____ per _____
Ending Date _____ Ending Job Title _____ Ending Salary \$ _____ per _____
Detailed Description of Duties _____
Name and Title of Supervisor _____
Reason for Leaving _____

Next Most Recent Employer:
Name of Company _____ Address _____
Telephone Number () _____
Starting Date _____ Entry Job Title _____ Entry Salary \$ _____ per _____
Ending Date _____ Ending Job Title _____ Ending Salary \$ _____ per _____
Detailed Description of Duties _____
Name and Title of Supervisor _____
Reason for Leaving _____

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS AND SIGN

Student Loan: State Law (59-111-50) prohibits employment with any subdivision of the State to people who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

Signature _____ **Date** _____

Selective Service: All males between the ages of 18 and 25 are required to be registered with Selective Service. By my signature, I certify that I have registered with Selective Service.

Signature _____ **Date** _____

SECTION A:

It is the policy of the City of Hartsville to select an applicant deemed most suitable to fill each position based on educational background, related work experience, and other work related factors. The City of Hartsville is an Equal Opportunity Employer.

It is further the policy of the City of Hartsville to recruit, hire, train and promote employees and applicants without regard to age, disability, national origin, race/color, religion, sex, or any other unlawful discriminator(s).

The City of Hartsville has designated the following (person or office) as the contact to coordinate efforts to comply with this requirement. Inquiries should be directed to:

Rebecca Mejia-Ward, Human Resources Manager
Post Office Drawer 2497
Hartsville, South Carolina 29551
(843) 383-3026

SECTION B:

- I hereby affirm that all statements made herein or attached hereto are true and correct. I understand that all statements are subject to verification and any omission, false, misleading or incomplete statements are grounds to bar me from employment or for dismissal.
- I agree to submit to a urine drug screen, physical or other medical tests, if required for this position. I agree to submit to background screenings including but not limited to criminal, credit and/or other screenings if required for this position. The results of such may be grounds for disqualifying me or terminating my employment.
- I understand and agree that if employed, I will be an employee “at-will” and will have the right to terminate my employment at any time, with or without notice and with or without cause, and that the city has the same right.
- I understand that if hired, I must meet the eligibility verification requirements of the U.S. Citizen and Immigration Services and submit appropriate documentation to satisfy the requirements of completing USCIS Form I-9. This documentation will be provided to the Department of Homeland Security to confirm work authorization through E-Verify.
- I authorize and request each former employer and person, firm or corporation, given as a reference, to answer any and all questions that may be asked, and to give any and all information that may be sought in connection with this application concerning my work habit, character and/or skill.
- The use of this application form in no way obligates the City of Hartsville.
- I certify that I have read, understand and agree to all the statements listed above.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENTS

APPLICANT’S SIGNATURE _____ **DATE** _____

Applicant Data Record

Name _____ Position _____ Date _____

The information requested below is needed for state and federal reporting and internal personnel research. This information will be kept in a confidential file within the Human Resources Office.

Qualified applicants are considered for all positions and are treated without discrimination as to age, disability, national origin, race/color, religion, sex, or any other unlawful discriminator(s).

DATE OF BIRTH __ SEX [] Male [] Female

ETHNIC BACKGROUND (check one) [] White
[] Black or African American
[] Native Hawaiian or Other Pacific Islander
[] Asian
[] Hispanic or Latino
[] American Indian or Alaska Native
[] Two or more races

How were you referred to the City of Hartsville? Check which one(s) apply.

[] Walk-In [] Friend or Relative [] College Placement [] City Employee [] Newspaper Ad
[] Internet [] Agency [] Other _____

In cooperation with the Family Independence Act of 1995, we are actively recruiting Family Independence, Welfare and food stamp recipients. If you are eligible, you may also qualify for special job training.

Are you currently receiving AFDC or food stamps? [] Yes [] No

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

[] Vietnam Era Veteran (served between 1964-1975) [] Disabled Veteran [] Individual with a disability



An Equal Opportunity Employer

Please contact Rebecca Mejia-Ward at (843) 383-3026 to give advance notice if you need a reasonable accommodation.