

# 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 MI

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**

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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**

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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**

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**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**

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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**

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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)**

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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.)

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**EMPLOYMENT HISTORY**

Please list present or most recent employer first.

May we contact these employers?  Yes  No

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

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

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

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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 APPLCIATION 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 \_\_\_\_\_

**THE CITY OF ANDERSON**

**401 S. MAIN STREET**

**ANDERSON, SC 29624**

**APPLICANT DATA RECORD**

Applicants are considered for all positions, and employees are treated during their employment without regard to their race, color, creed, religion, sex, national origin, age, marital status, sexual orientation, military status, or any non-job-related disability or medical condition.

As an employer taking affirmative action to insure the removal of any possible past discrimination, and to help comply with governmental record-keeping requirements, we would appreciate your completing this form. However, **COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY**. This data will be physically separated from the remainder of your job application before the application is considered for possible employment. This information will be kept in a confidential file, **WITHOUT YOUR NAME ON IT, SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT**.

Date: \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

How Were You Referred to The City?    \_\_\_\_\_ Newspaper Advertisement    \_\_\_\_\_ A Private Employment Agency

\_\_\_\_\_ A Relative or Friend Employed by The City

\_\_\_\_\_ Other: Explain: \_\_\_\_\_

PERSONAL TRAITS:    Check One:    \_\_\_\_\_ Male    \_\_\_\_\_ Female

Check One:    \_\_\_\_\_ White    \_\_\_\_\_ Black    \_\_\_\_\_ Hispanic    \_\_\_\_\_ Asian/Pacific Island

\_\_\_\_\_ American Indian/Alaskan Native

Check Any That Apply:    \_\_\_\_\_ Vietnam Era Veteran    \_\_\_\_\_ Disabled Veteran    \_\_\_\_\_ Disabled Person

## 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: \_\_\_\_\_