



CITY OF PICKENS
APPLICATION FOR EMPLOYMENT

The City of Pickens is an equal opportunity employer. The City of Pickens does not discriminate in employment on account of race, color, religion, national origin, ancestry, age, sex, sexual orientation, marital status, physical or mental disability or any other legally protected status.

DISCLAIMER

THIS APPLICATION IS NOT A CONTRACT.
EMPLOYMENT WITH THE CITY OF PICKENS IS AT-WILL.

APPLICATION DATE: _____

POSITION YOU ARE APPLYING FOR: _____

GENERAL INFORMATION-

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBERS HOME: _____ WORK: _____ CELL: _____

ARE YOU 18 YRS. OF AGE OR OLDER? YES ___ NO ___

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES ___ NO ___

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED WITH THE CITY OF PICKENS? YES ___ NO ___

IF YES, LIST THEIR NAMES AND RELATION _____

HAVE YOU EVER BEEN EMPLOYED WITH THE CITY OF PICKENS? YES ___ NO ___

IF YES, WHAT YEAR(S) AND WHAT POSITION(S) _____

HAVE YOU BEEN CONVICTED, PLED NO CONTEST TO OR GUILTY TO A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES _____ NO _____

A positive answer will not automatically disqualify you from employment with The City. The position you are applying for along with the nature, severity and date of the offense will be considered.

IF YES, PLEASE LIST THE CHARGES, DATES, PLACES OF CONVICTIONS AND DISPOSITIONS

MILITARY EXPERIENCE-

WERE YOU IN THE U.S. ARMED FORCES? YES _____ NO _____

WHICH BRANCH OF SERVICE? _____

WHAT WAS YOUR RANK AT SEPARATION? _____

DATES OF DUTY- FROM _____ TO _____

SKILLS-

DO YOU TYPE? YES _____ NO _____ IF YES, TYPING SPEED _____ WORDS PER MINUTE

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES _____ NO _____ FROM WHAT STATE? _____

CLASS OF DRIVER'S LICENSE _____

ARE YOU CURRENTLY REGISTERED OR LICENSED FOR A PROFESSION IN SC? YES _____ NO _____

IF YES, LIST PROFESSION/LICENSE NUMBER AND EXPIRATION DATE _____

LIST ANY EQUIPMENT OR MACHINERY YOU CAN OPERATE _____

ANY OTHER SPECIAL SKILLS, QUALIFICATIONS, AWARDS, TRAINING, ETC., RELATED TO THE POSITION YOU ARE APPLYING FOR _____

EDUCATION-

SCHOOL	NAME, ADDRESS & DATES ATTENDED	# OF YEARS COMPLETED	DEGREE
HIGH SCHOOL _____			
TECH. OR TRADE SCHOOL _____			
COLLEGE _____			
GRADUATE SCHOOL _____			
OTHER _____			

REFERENCES-

PLEASE LIST THREE REFERENCES WHO ARE NOT PREVIOUS EMPLOYERS AND WHO ARE NOT RELATED TO YOU.

NAME	ADDRESS	PHONE NUMBER

EMPLOYMENT HISTORY-

Please list your most recent employer first. We may contact your previous employers.

1. Employer _____ Supervisor's Name _____

Address and Phone # _____

Start Date _____ Job Title and Salary _____

End Date _____ Job Title and Salary _____

Job Duties _____

Reason For Leaving _____ May we contact this Employer? _____

2. Employer _____ Supervisor's Name _____

Address and Phone # _____

Start Date _____ Job Title and Salary _____

End Date _____ Job Title and Salary _____

Job Duties _____

Reason For Leaving _____ May we contact this Employer? _____

3. Employer _____ Supervisor's Name _____

Address and Phone # _____

Start Date _____ Job Title and Salary _____

End Date _____ Job Title and Salary _____

Job Duties _____

Reason For Leaving _____ May we contact this Employer? _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY-

I CERTIFY THAT ALL THE INFORMATION AND ANSWERS GIVEN BY ME ON THIS EMPLOYMENT APPLICATION ARE TRUE, ACCURATE AND COMPLETE AND I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING DOCUMENTS) WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT OR TERMINATION IF DISCOVERED AFTER EMPLOYMENT.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the City's rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the City or me, I further understand that no representation, whether oral or written by any representative or agent of the City, at any time, can constitute a contract of employment. I understand that the City and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. I further understand the City of Pickens is an At-Will employer.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature

Date