



Town of Summerville
Employment Application
An Equal Opportunity Employer

This application must be completed in full and signed. Incomplete or unsigned applications will not be considered. By filling out this application you are neither guaranteed an interview nor a job. The Town of Summerville is an employment at will organization and, therefore, has no permanent employees. If you are selected for an interview, you will be notified by the Personnel Department.

Mailing Address: Town of Summerville, Personnel Department, 104 Civic Center, Summerville, SC 29483

Position Applied For: <i>(one position per application)</i>			Date of Application
Last Name	First Name	Middle Name	Telephone Number(s)
Address		City	State Zip Code
Referral Source	<input type="checkbox"/> Advertisement <input type="checkbox"/> JobLine	<input type="checkbox"/> Internet <input type="checkbox"/> Job Service	<input type="checkbox"/> Town Employee <input type="checkbox"/> Walk-In <input type="checkbox"/> Other <i>(specify below)</i> _____

Are you currently a Town of Summerville employee? Yes No If yes, specify dept. _____

Are you able to provide proof that you are authorized to work in the United States? Yes No

Have you been employed here before? Yes No If yes, _____
Position Dates

Do you have any relatives employed here? Yes No If yes, _____
Name Department Relation

Have you been convicted of anything other than a minor traffic offense? Yes No
 If yes, please specify date(s) and nature of offense(s): _____

Do you have a valid Driver's License? Yes No or a Class B Commercial Driver's License? Yes No
 License Number: _____

AVAILABILITY

Date available to begin work:	Are you willing to work (check all that apply): <input type="checkbox"/> Full-Time (40 or more hours per week) <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Part-Time (Less than 30 hours per week) <input type="checkbox"/> Rotating Shifts
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EDUCATION

Beginning with High School, provide information on all schools attended including colleges, special courses and trade schools.

Name and Location of School	Did you Graduate?	Completion Date	Name of Degree or Certificate	Major/Minor
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List any special training, skills, certifications or volunteer experience that may be pertinent to the job for which you are applying:

The Town of Summerville is an Equal Opportunity Employer. All applicants are considered for employment without regard to color, race, sex, religion, age, national origin, marital status, veteran status or disability. If you believe you have been discriminated against for any of these reasons on consideration of your application, please notify the Human Resources Director, Town of Summerville, 104 Civic Center, Summerville, SC 29483. It is also your right to notify the Equal Employment Opportunity Commission, Office of Federal Contract Compliance Programs or any appropriate local or state agency of your complaint.

EMPLOYMENT EXPERIENCE

List jobs starting with your *present or most recent job*. Include any military experience. A Résumé may be attached but does not take the place of this form. If you need more space, please attach a separate sheet or request an Additional Employment Experience form. May we contact your present employer? Yes No

Company Name	Telephone ()	Dates Employed From To
Address		Number of Hours Worked Per Week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving
Company Name	Telephone ()	Dates Employed From To
Address		Number of Hours Worked Per Week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving
Company Name	Telephone ()	Dates Employed From To
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Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving

REFERENCES

Provide the names of three work-related references other than relatives:

Name	Address	Phone Number	Relationship	Years

YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any reference checks, background and criminal checks needed to establish my suitability for hire, including a background financial investigation as authorized under the Fair Credit Reporting Act, if I have applied for a position which includes the handling of money. I further authorize the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If selected for employment, I further understand that my employment is contingent upon passing a pre-employment physical, the aforementioned background investigation and/or a drug test. If selected for employment, I am hereby certifying that I will abide by the employment policies of the Town of Summerville.

Signature of Applicant _____

Date _____

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Additional Employment Experience

To be used as a continuation of the Application for Employment.

Company Name	Telephone ()	Dates Employed From To
Address		Number of Hours Worked Per Week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving
Company Name	Telephone ()	Dates Employed From To
Address		Number of Hours Worked Per Week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving
Company Name	Telephone ()	Dates Employed From To
Address		Number of Hours Worked Per Week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving
Company Name	Telephone ()	Dates Employed From To
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EEO Information

• *Not for Interview Purposes* •

In accordance with Equal Employment laws, we are required to maintain statistical data on all applicants. We ask for your cooperation in completing and returning the following information. This form will be separated from your application and not used in the screening or interviewing processes.

Name		Social Security Number	Date of Birth
Address			Telephone Number
Driver's License (or CDL) Number	State Where Issued	Do you have a Class B Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a CDL Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Hispanic	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (specify) _____	Check one, if applicable: <input type="checkbox"/> Disabled Individual <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Veteran
Position Applied For:			

I hereby authorize any city, county, state or federal agency, department or bureau to release any information in their files under the above name. I understand and realize that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I further release all personnel whomever from any liability arising out of or resulting from the release of this information.

Signature of Applicant: _____ Date: _____

NOTICE TO INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS AND VIETNAM ERA VETERANS

Federal government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era; and section 503 of the Rehabilitation Act of 1973, as amended, which requires the same of qualified disabled individuals.

If you are a disabled veteran or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will not adversely affect any consideration you may receive for employment.

If you wish to be identified, sign here: _____

Please Do Not Write Below This Line

Background Check Results:

Warrant:	<input type="checkbox"/> No Warrant Found	<input type="checkbox"/> Active Warrant Indicated
Local Record:	<input type="checkbox"/> No Record Found	<input type="checkbox"/> Prior Record <i>(Please Attach)</i>
DL#:	<input type="checkbox"/> Status Clear	<input type="checkbox"/> Status Suspended
Signature of Person Conducting Check:		



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Application for Employment

(Fold Line)

(Fold Line)

Place
Stamp
Here

Please fold, seal and mail to:

Town of Summerville
Personnel Department
104 Civic Center
Summerville, SC 29483