Please read!! IMPORTANT INSTRUCTIONS

Instructions for the Fillable Employment Application

The employment application fillable form must be printed out. Please do not attempt to save the application and then submit by e-mail or the information will not be readable.

Attention Adobe Acrobat Professional Users:

If you have this program, it may give you the option to save the document. However, if you save this document and then attach it to an e-mail the data in the form fields will **not be visible**!

Instead, please print & scan the application and submit by e-mail, fax, in person, or by mail to the Human Resources Department.

If you have any questions on how to properly use the fillable application form, please contact Human Resources for assistance.

Sincerely,

Human Resources

843-724-7388

HR DATABASE #

_____
HR Use Only

Reset Form | Print Form

Human Resources Department
174 East Bay Street Suite 302
Charleston, SC 29401
843-724-7388 (Office)
843-579-7505 (Fax)
hr@charleston-sc.gov
vwww.charleston-sc.gov/employment

City of Charleston
An Equal Opportunity Employer

Application for Employment

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 City of Charleston is an employment at will organization and, therefore, the employer or employee can terminate employment at any time without notice. Be aware that certain information contained in this completed job application may be subject to the **Freedom of Information Act**. If you are selected for an interview, you will be notified by the hiring department. All applicants are considered without regard to color, race, sex, religion, age, national orgin, marital status, veteran status or disability. If you believe you have been discriminated against for these reasons on consideration of your application, please notify the Director of Human Resources and Organizational Development, City of Charleston, Human Resources Deptartment-174 East Bay Street Suite 302, Charleston, SC 29401. 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.

Position Applying For: _____ **Date of Application:** _____

Last Name: _____ **First Name:** _____ **M.I.:** _____

Address : _____ **City:** _____ **State:** _____

Zip Code: _____ **Cell Phone Number:** _____ **Alt. Number:** _____

E-mail Address: _____

Referral Source: ☐ **Newspaper** ☐ **Job Service** ☐ **City's Website** ☐ **City's Jobline** ☐ **Walk-in**

☐ **City Employee Referral (name/dept.)** _____ ☐ **Other** _____

Have you ever been employed with us before? ☐ **No** ☐ **Yes** **(If yes, give dates) From:** _____ **To:** _____ **Dept Name:** _____

Do you have any relatives employed here?
☐ **No** ☐ **Yes (If yes, provide name/dept.)** _____ **Relation:** _____

Are you able to provide proof that you are authorized to work in the united states? ☐ **No** ☐ **Yes**

Have you been convicted of a felony or plead "no contest" to a felony charge within the past 7 years? ☐ **No** ☐ **Yes**
Note: an answer of "yes" does not necessarily mean you will not be considered for employment.

Do you currently have any criminal charges pending other than speeding violations less than 10 miles over the limit?
☐ **No** ☐ **Yes** **If yes, please specify date(s) and nature of offenses:**

_____

On what date would you be available for work? ☐ Immediately ☐ After two week notice **Availability date:** _____

Are you willing to work (check all that apply): ☐ Full-Time (37.5 or more hrs per week) ☐ Part-Time (37.5 or less hrs per week)

☐ Inclement Weather ☐ Temporary (no benefits) ☐ Rotating Shifts ☐ Outdoors ☐ Weekends ☐ Holidays

EDUCATION	Check Highest Level Completed					Name and State of School	Degree Obtained and Major
	9	10	11	12	GED		
High School	☐	☐	☐	☐	☐		
	1	2	3	4			
Trade/Technical	☐	☐	☐	☐			
	1	2	3	4	5		
Undergraduate	☐	☐	☐	☐	☐		
	1	2	3	4	5		
Graduate School/ Post-Graduate School	☐	☐	☐	☐	☐		

List any professional or trade certifications that you have.

Name of Certification	Issuing Organization	Issue Date	Expiration Date

Formal Training (You may be required to provide verification.)

Name of Training	Presented By	Date(s)	Completed?
			☐ Yes ☐ No
			☐ Yes ☐ No

EXPERIENCE

List jobs starting with your present or most recent job. Account for all employment/educational activity within the **last 7 years**. Include any military experience. If you need more space, please attach a separate sheet or an ***Additional Employment Experience Form***.

1. **May we contact this employer?** ☐ Yes ☐ No

Employer

Address

Telephone Number

Job Title **Supervisor**

Reason for Leaving

Dates Employed

From **To**

☐ **Full-Time** ☐ **Part-Time**

Hourly Rate / Salary

Starting **Final**

Describe duties/list tools, equipment, and computer software utilized in this position.

2. **May we contact this employer?** ☐ Yes ☐ No

Employer

Address

Telephone Number

Job Title **Supervisor**

Reason for Leaving

Dates Employed

From **To**

☐ **Full-Time** ☐ **Part-Time**

Hourly Rate / Salary

Starting **Final**

Describe duties/list tools, equipment, and computer software utilized in this position.

3. **May we contact this employer?** ☐ Yes ☐ No

Employer

Address

Telephone Number

Job Title **Supervisor**

Reason for Leaving

Dates Employed

From **To**

☐ **Full-Time** ☐ **Part-Time**

Hourly Rate / Salary

Starting **Final**

Describe duties/list tools, equipment, and computer software utilized in this position.

4. **May we contact this employer?** ☐ Yes ☐ No

Employer

Address

Telephone Number

Job Title **Supervisor**

Reason for Leaving

Dates Employed

From **To**

☐ **Full-Time** ☐ **Part-Time**

Hourly Rate / Salary

Starting **Final**

Describe duties/list tools, equipment, and computer software utilized in this position.

SKILLS

Typing/Word Processing Indicate the number of words per minute you can type without error:

Computer Software
Check software that you are proficient in:

☐ Windows ☐ Word ☐ Excel ☐ Powerpoint ☐ Access
☐ Outlook ☐ Internet Other

Telephone Experience
Have you operated a multi-line phone? ☐ Yes ☐ No Number of Lines? Years of experience?

Driver's License
Do you have a valid driver's license? ☐ Yes ☐ No State Date of Expiration

Do you have a valid commercial driver's license (CDL)? ☐ No ☐ Permit ☐ Class A ☐ Class B

Applicant's Statement (Please Read Carefully)

Military Service: Have you served on active duty in the U.S. Armed Forces (any branch)?

☐ No ☐ Yes*

*If yes, please submit a copy of your undeleted discharge papers (DD214) which includes information about your separation and characterization of the discharge to the Human Resources Department in person or via fax at 843-579-7505.

Did you receive an honorable discharge during all enlistments?

☐ Yes ☐ No ☐ N/A

If you received any discharge other than honorable, please provide the specific type of discharge you received and explain the reason for your discharge status.

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 as well as 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, background investigation and/or drug test. I also understand and acknowledge that all employees of the city are employees-at-will who may quit at any time for any reason and who may be terminated at any time for any or no reason.

By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read and understood all the statements listed above and throughout the application form.

Signature of Applicant **Date**

EEO Information

City of Charleston

Not for Interviewing or Screening 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 #:** _____ **DOB:** _____

Address Number: _____ **Street:** _____ **City:** _____

Address State: _____ **Zip Code:** _____ **Telephone Number (s):** _____

Position(s) Applied For: _____ **Date of Application:** _____

Referral Source:

- ☐ Newspaper Ad
- ☐ Job Service
- ☐ Radio Ad
- ☐ Tv Ad/Cable
- ☐ City's Website
- ☐ Job Fair
- City Employee Referral: _____
- ☐ Jobline
- ☐ Walk-in
- Internet Site: _____

Gender: ☐ Male ☐ Female

Check if any of the following are applicable:

- ☐ Vietnam Veteran
- ☐ Disabled Veteran
- ☐ Disabled Individual

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**

Please identify your race/ethnic category:

- ☐ **American Indian or Alaskan Native** (original peoples of N. America who maintain cultural identification through tribal affilation or community recognition.
- ☐ **Asian or Pacific Islander** (original peoples of the Far East, Southeast Asia, the Indian Subcontinent of the Pacific Islands)
- ☐ **Hispanic** (all persons of Mexican, Puerto Rican, Cuban, Central or South American or other spanish culture or orgin regardless of race)
- ☐ **Black (not of Hispanic orgin)** (all persons having origins in any black racial groups of Africa)
- ☐ **White (not of Hispanic orgin)** (all persons having origins in any of the original peoples of Europe, North Africa or the Middle East)

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 accomodation 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, please check here ☐