

Application for Employment



Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name Social Security #
Last First Middle

Address
Street City State Zip Code

Telephone Mobile/Beeper/Other E-mail Address

Position(s) applied for Date of application

Referral Source (Please check the appropriate category and name the source.)

<input type="checkbox"/> Walk-in <input type="text"/>	<input type="checkbox"/> School <input type="text"/>
<input type="checkbox"/> Employee <input type="text"/>	<input type="checkbox"/> Job Fair <input type="text"/>
<input type="checkbox"/> Advertisement <input type="text"/>	<input type="checkbox"/> Staffing Agency <input type="text"/>
<input type="checkbox"/> Company's Website <input type="text"/>	<input type="checkbox"/> Government <input type="text"/>
<input type="checkbox"/> Other Internet <input type="text"/>	Employment Agency <input type="text"/>
	<input type="checkbox"/> Other <input type="text"/>

If necessary, best time to call you at is

May we contact you at work? Yes No

If **yes**, work number and best time to call:

If you are under 18, and it is required, can you furnish a work permit? Yes No

If **no**, please explain

Have you submitted an application here before? Yes No
if **yes**, give date(s) and position(s)

Have you ever been employed here before? Yes No
if **yes**, give dates From To

Are you legally eligible for employment in this country? Yes No

Date available for work

What is your desired salary range or hourly rate of pay?
 Per

Type of employment desired Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if the job requires it? Yes No

Will you travel if the job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No

Will you work overtime if the job requires it? Yes No

If **no**, please explain

Driver's license number if driving may be required in position for which you are applying:

State
Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If **yes**, please provide date(s) and details

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Starting with your most recent employer, provide the following information.

Employer _____	Telephone # _____	Dates employed: _____ to _____	
Street Address _____	City _____	State _____	Compensation (Starting)
Starting job title/final job title _____			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per Commission/Bonus/Other Compensation \$ _____
Immediate supervisor and title (for most recent position held) _____			Compensation (Final)
Why did you leave? _____			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per Commission/Bonus/Other Compensation \$ _____
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Summarize the type of work performed and job responsibilities. _____			
What did you like the most about your position? _____			
What were the things you liked least about the position? _____			

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Street Address _____	City _____	State _____	Compensation (Starting)
Starting job title/final job title _____			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per Commission/Bonus/Other Compensation \$ _____
Immediate supervisor and title (for most recent position held) _____			Compensation (Final)
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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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Summarize the type of work performed and job responsibilities. _____			
What did you like the most about your position? _____			
What were the things you liked least about the position? _____			

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	_____	Years _____	<input type="checkbox"/> Internet	_____	Years _____
<input type="checkbox"/> Spreadsheet	_____	Years _____	<input type="checkbox"/> Other	_____	Years _____
<input type="checkbox"/> Presentation	_____	Years _____	<input type="checkbox"/> Other	_____	Years _____
<input type="checkbox"/> E-mail	_____	Years _____	<input type="checkbox"/> Other	_____	Years _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain:

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

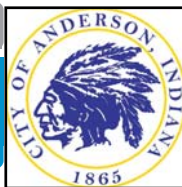
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____

Affirmative Action Voluntary Information



City of Anderson

Completion of information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for Date

Referral Source

Walk-In Governmental Employment Agency Private Employment Agency
 Employee Relative School
 Advertisement - Source Other
Name of person who referred you IF APPLICABLE

Applicant Information

Name Telephone #
Last First Middle
Address
Street City State Zip Code
 Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

American Indian / Alaskan Native Hispanic / Latino (White race only) White Black / African American
 Native Hawaiian / Other Pacific Islander Hispanic / Latino (all other races) Asian

For Administrative Use Only

Positions(s) applied for Available Not Available Other
Other positions considered for
Hired Yes No
Position hired for Date of hire
From the EEO job classifications listed below, which one best describes the position filled
 Officials and Managers Sales Workers Operatives (semi-skilled)
 Professionals Office and Clerical Workers Laborers (unskilled)
 Technicians Craft Workers (skilled) Service Workers
Notes
Completed by Date

SPECIAL SKILLS OR TRAINING

Indicate number of years of experience or training in space provided

Typing _____ WPM

Shorthand _____ WPM

Receptionist _____

Radio Technician _____

Dispatcher _____

Building Inspector _____

Cashier _____

Electrician _____

Customer Service _____

Heating & Air Cond. _____

Clerk Typist _____

Auto Service Manager _____

General Office _____

Auto Mechanic _____

Secretary _____

Equip/Mech Repair _____

Bookkeeper _____

Meter Reading _____

Accountant _____

Humane Officer _____

CAD Operator _____

Laborer _____

Keypunch Operator _____

Police Officer _____

Computer Operator _____

Firefighter _____

Supervisor _____

EMT _____

Administrator _____

Housekeeper _____

Investigator _____

Maintenance Person _____

Insurance Processor _____

Truck Driver _____

Payroll Clerk _____

Bus Driver _____

Purchasing _____

Heavy Equip. Driver _____

Surveyor _____

Planner _____

Draftsperson _____

Tree Trimmer _____

Civil Engineer _____

Lab Technician

Mechanical Engineer _____

Chemist _____

Electrical Engineer _____

Journey/Lineman _____

Traffic Engineer _____

Project Engineer _____

Other Occupations:

Name

(Last) (First) (M.I)

Date _____

FILL OUT THIS FORM **ONLY** IF APPLYING FOR CATS BUS DRIVER

(PLEASE PRINT)

NAME _____
Last Name First Name M.I.

DATE _____

Do you have a Public Passenger License? _____

If so, how long? _____

Have you driven a commercial vehicle other than a passenger car, van, or pick-up truck for the last two consecutive years? _____

Do you have a Commercial Driver's License (CDL)? _____

Have you passed the Air Brake Endorsement test? _____

If answer is yes, date test was taken _____

May we check your driving records and criminal records through the Anderson Police Department? _____

OUR INSURANCE CARRIER REQUIRES THAT THE ABOVE INFORMATION BE PROVIDED AS A CONDITION FOR EMPLOYMENT WITH CATS.

Signature of Applicant

Date

Print Name

Social Security Number

Driver's License Number

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AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Anderson, I hereby authorize past employers and educational institutions to release information about my work history and educational history for use in determining my qualifications for this position.

You may release or verify the following items:

_____ Any information requested.

_____ May we check your driving records and criminal records through the Anderson Police Department?

Past Employers:

_____ Salary History

_____ Dates of Employment

_____ Position Held

_____ Duties and Responsibilities

_____ Attendance Record

_____ Reason for Leaving

_____ Eligibility for Rehire

Education Institutions:

_____ Years of Attendance

_____ Degree Obtained

_____ Transcript

Print Name _____

Signature _____ Date _____

Social Security Number _____