*** Effective 7-01-2012 City of Anderson Will No Longer Accept Paper Applications ***

*** Adobe Acrobat or Reader X Required ***

Save as an Email Attachment and send to:

humanresources@cityofanderson.com

# 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 catagory and name the source.)

- ☐ Walk-in _____
- ☐ Employee _____
- ☐ Advertisement _____
- ☐ Company's Website _____
- ☐ Other Internet _____
- ☐ School _____
- ☐ Job Fair _____
- ☐ Staffing Agency _____
- ☐ Government Employment Agency _____
- ☐ Other _____

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 positions(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 postion? . . . . . ☐ 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 my 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)

Hourly Salary $ per

Starting job title/final job title

Commission/Bonus/Other Compensatio $

Immediate supervisor and title (for most recent position held)

Compensation (Final)

Hourly Salary $ per

Why did you leave?

Commission/Bonus/Other Compensatio $

May we contact for reference? Yes No 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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Dates employed: to

Street Address City State

Compensation (Starting)

Hourly Salary $ per

Starting job title/final job title

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Immediate supervisor and title (for most recent position held)

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Immediate supervisor and title (for most recent position held)

Compensation (Final)

Hourly Salary $ per

Why did you leave?

Commission/Bonus/Other Compensatio $

May we contact for reference? Yes No 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?

## 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 approriate boxes. Include software titles and years of experience.)

| | | | | | |
|---|---|---|---|---|---|
| Word Processing | | Years | Internet | | Years |
| Spreadsheet | | Years | Other | | Years |
| Presentation | | Years | Other | | Years |
| E-mail | | Years | 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 |
|---|---|---|---|---|
| | | Diploma GED<br>Degree<br>Certificate<br>Other | | |
| | | Diploma GED<br>Degree<br>Certificate<br>Other | | |
| | | Diploma GED<br>Degree<br>Certificate<br>Other | | |
| | | Diploma GED<br>Degree<br>Certificate<br>Other | | |

## References

List name and telephone number of three business/work refrences 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 _____
Dispatcher _____
Cashier _____
Customer Service _____
Clerk Typist _____
General Office _____
Secretary _____
Bookkeeper _____
Accountant _____
CAD Operator _____
Keypunch Operator _____
Computer Operator _____
Supervisor_____
Administrator _____
Investigator _____
Insurance Processor _____
Payroll Clerk _____
Purchasing _____
Surveyor _____
Draftsperson _____
Civil Engineer _____
Mechanical Engineer _____
Electrical Engineer _____
Traffic Engineer _____

Radio Technician _____
Building Inspector _____
Electrician _____
Heating & Air Cond. _____
Auto Service Manager _____
Auto Mechanic _____
Equip/Mech Repair _____
Meter Reading _____
Humane Officer _____
Laborer _____
Police Officer _____
Firefighter _____
EMT _____
Housekeeper _____
Maintenance Person _____
Truck Driver _____
Bus Driver _____
Heavy Equip. Driver _____
Planner _____
Tree Trimmer _____
Lab Technician
Chemist _____
Journey/Lineman _____
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? _____

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

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_____ _____
Signature of Applicant Date

_____ _____
Print Name Social Security Number

_____
Driver's License Number

**EQUAL OPPORTUNITY EMPLOYER**

# 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 _____

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