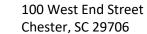
## South Carolina

## **Application for Employment**



City of Chester



Please enter brief responses when answering questions. Your signature is required before application can be processed.

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

Name:	Applicant ID #
First M.I. Address:	Last
Street City Contact:	State ZIP
Home Phone	Mobile Phone Email
Poforral Source	
Referral Source (Please check the appropriate category and list the source.)  Employee	Staffing Agency
	☐ Job Fair
	Walk-in
<u> </u>	Gov't Employment
Other	Other Internet
Position Desired: Date Available:	Date of Application:
Pay Desired:	Currently Employed: Yes No
If necessary, best time to call you is : AM PM	Will you work overtime if required? ☐ Yes ☐ No
Home Cellular/Other ()	If no, please explain:
May we contact you at work?	Are you able to perform the "essential functions" of the job for
If <b>yes</b> , number and best time to call:	which you are applying (with or without reasonable
	accommodation)?
If you are under 18 and it is required,	This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a
can you furnish a work permit? Yes No	disability, particular accommodation, or whether accommodation is
If <b>no</b> , please explain:	necessary. These issues may be addressed at a later stage to the extent permitted by law.
Have you submitted an application here before? Yes No	Yes No Need more information about the job's
If <b>yes</b> , give date(s) and position(s):	"essential functions" to respond
	Driver's license number required if driving may be required in the
Have you ever been employed here before? Yes No	Job for which you are applying: State:
If <b>yes</b> , give dates: From:/To::/	Have you ever been bonded? Yes No
Is this application a request for reemployment following an extended	Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense,
military leave of absence from the city?	seriousness and nature of the violation, rehabilitation and position
If <b>yes</b> , additional information may be requested.	applied for will be taken into account.
Are you legally eligible for employment	Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime?
In this country? Yes No	If yes, please provide date(s) and details:
Type of employment desired:	Have you entered into an agreement with any former employer or
☐ Educational Co-Op ☐ Seasonal ☐ Temporary	other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our city? Yes No
Will you relocate if job requires it? Yes No	If yes, please explain:
Will you travel if job requires it? Yes No	
If they have been explained to you, are you able to meet the attendance requirements of the position?	

EMPLOYMENT HISTORY (Star	ting with your most recen	t employer provide the fall	owing information
			Employment Dates
Employer Name	Telephone #		Month Year Month Year Dates employed: / to /
Street address	City	State	Compensation (Starting)
			☐ Hourly ☐ Salary \$
Starting job title/final job title			
Immediate supervisor and title (fo	r most recent position held)	May we contact for reference?	Commission/Bonus/Other Compensation \$  Compensation (Final)
,	, , , , , , , , , , , , , , , , , , , ,	☐Yes ☐No ☐Later	☐ Hourly ☐ Salary \$
Why did you leave?		Email:	
Summarize the type of work perfo	ormed and job responsibilities		Commission/Bonus/Other Compensation \$
,,			
What did you like most about you	r position?		
			Employment Dates
Employer Name	Telephone #		Month Year Month Year Dates employed: / to /
Street address	City	State	Compensation (Starting)
			☐ Hourly ☐ Salary \$
Starting job title/final job title			Commission/Pagus/Other Companyation
Immediate supervisor and title (fo	r most recent position held)	May we contact for reference?	Commission/Bonus/Other Compensation \$  Compensation (Final)
•		☐Yes ☐No ☐Later	☐ Hourly ☐ Salary \$
Why did you leave?		Email:	
Summarize the type of work performed and job responsibilities.			Commission/Bonus/Other Compensation \$
What did you like most about you	r position?		
			Employment Dates
Employer Name	Telephone #		Month Year Month Year Dates employed: / to /
Street address	City	State	Compensation (Starting)
			☐ Hourly ☐ Salary \$
Starting job title/final job title			Commission (Denue (Other Commence))
Immediate supervisor and title (fo	r most recent position held)	May we contact for reference?	Commission/Bonus/Other Compensation \$  Compensation (Final)
·		☐Yes ☐No ☐Later	☐ Hourly ☐ Salary \$
Why did you leave?		Email:	Commission/Bonus/Other Compensation \$
Summarize the type of work perfo	ormed and job responsibilities		
What did you like most about you	r position?		

Attach to application additional employer information.

Explain any gaps in your employme	ent, other than those o	due to personal il	llness, injury or disability.		
If not addressed on previous page,	have you ever been f	ired or asked to r	esign from a job?		Yes No
If <b>yes</b> expla	, please in:				
SKILLS AND QUALIFICATIONS					
Computer Skills (Check appropriate boxe  Word Processing	s. Include software titles and yea	ors of experience.) Years:	Internet		Years:
Presentation		Years:	Other		Years:
Spreadsheet		Years:	Other		Years:
E-mail		Years:	Other		Years:
EDUCATIONAL BACKGROUND  Starting with your most recent sch	ool attended, provide	the following inf	ormation.		
School (include City an		Years Completed	Completed	GPA Class Rank	Major/Minor
			Diploma GED Degree Certification Diploma GED Diploma GED Degree Certification Degree Certification Diploma GED Degree Certification Cother Diploma GED Certification Certification		
			Other GED Diploma GED Degree		

Cortification			
Other		Certification	
Other		Utner	

## REFERENCES

List names and telephone numbers 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	E-mail	# of Years Known
			( )		
			( )		
			( )		

ALL EMPLOYEES OF THE CITY OF CHESTER ARE EMPLOYEES "AT WILL" WHOSE EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE. ONLY THE CITY ADMINISTRATOR WITH THE APPROVAL OF CITY COUNCIL HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT REGARDING LENGTH OF SERVICE OR GROUNDS FOR TERMINATION AND ANY SUCH AGREEMENT MUST BE IN WRITING AND SIGNED BY THE CITY ADMINISTRATOR AND APPROVED BY CITY COUNCIL.

All applicants are advised that the City of Chester is subject to the Freedom of Information Act and upon request, may be required to disclose the names of the final three applicants being considered for any position with the City.

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: Click here to enter a date.		