

Application for Employment

City of Chester
100 West End Street
Chester, SC 29706



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.	Last			
Address:					
Street	City	State	ZIP		
Contact:					
Home Phone	Mobile Phone	Email			
Referral Source (Please check the appropriate category and list the source.)					
<input type="checkbox"/> Employee			<input type="checkbox"/> Staffing Agency		
<input type="checkbox"/> Advertisement			<input type="checkbox"/> Job Fair		
<input type="checkbox"/> City's Website			<input type="checkbox"/> Walk-in		
<input type="checkbox"/> School			<input type="checkbox"/> Gov't Employment		
<input type="checkbox"/> Other			<input type="checkbox"/> Other Internet		
Position Desired:			Date Available:		Date of Application:
Pay Desired:			Currently Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>		

If necessary, best time to call you is ... : ☐ AM ☐ PM

☐ Home ☐ Cellular/Other ()

May we contact you at work? ☐ Yes ☐ No

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

() : ☐ AM ☐ PM

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: ____/____/____

Is this application a request for reemployment following an extended military leave of absence from the city? ☐ Yes ☐ No

If **yes**, additional information may be requested.

Are you legally eligible for employment

In this country? ☐ Yes ☐ No

Type of employment desired: ☐ Full-Time ☐ Part-Time

☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ☐ Yes ☐ No

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? ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No

If no, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the

Job 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 pleaded "guilty" or "no contest" to or been convicted of a crime?..... ☐ Yes ☐ No

If yes, please provide date(s) and details: _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our city?..... ☐ Yes ☐ No

If yes, please explain: _____

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 certifications 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.)

☐ Word Processing

Years:

☐ Presentation

Years:

☐ Spreadsheet

Years:

☐ E-mail

Years:

☐

Internet

Years:

☐ Other

Years:

☐ Other

Years:

☐ Other

Years:

EDUCATIONAL BACKGROUND

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

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

☐ Certification _____

☐ Other _____

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.](#)