



Application For Employment

City of Westminster
 Administration Department
 PO Box 399
 Westminster, SC 29693

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Date of Application
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk- In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Last Name	First Name	Middle Name	
Address Number	Street	City	State Zip Code
Telephone Number(s) - -	Driver's License #	State	Social Security Number - -

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes, give date

Have you ever been employed with us before? Yes No
 If yes, give date

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School					High School				Undergraduate College/ University				Graduate/ Professional			
School Name and Location																	
Years Completed	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Diploma/ Degree						<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
Describe Course of Study																	
Describe any specialized training , apprenticeship, skills, and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read, and/ or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business, or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

References

Give name, address, and telephone number of three references who are **not** related to you and are not previous employers.

-
-
-

Do you have any relatives currently employed by the City of Westminster? Yes No

If so, please provide their name, the relationship, the department in which they are employed, and the position they hold:

Have you ever served in the United States Military? Yes No

If Yes, please describe any job- related training:

If Yes, was your discharge honorable? Yes No

If Yes, Form DD214 must be attached to this application.

Employment Experience

Start with your present or last job. Include any job- related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s) - -		Hourly Rate/ Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2.	Employer	Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s) - -		Hourly Rate/ Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3.	Employer	Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s) - -		Hourly Rate/ Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4.	Employer	Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s) - -		Hourly Rate/ Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
5.	Employer	Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s) - -		Hourly Rate/ Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Residence History

Start with your present address. Include all addresses for the past fifteen years.

1.	Address Number	Street	City	State	Zip Code
Dates at this address		From	To		
2.	Address Number	Street	City	State	Zip Code
Dates at this address		From	To		
3.	Address Number	Street	City	State	Zip Code
Dates at this address		From	To		
4.	Address Number	Street	City	State	Zip Code
Dates at this address		From	To		
5.	Address Number	Street	City	State	Zip Code
Dates at this address		From	To		

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I hereby authorize the City of Westminster, South Carolina and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number' credit reports, current and previous residences' employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the City of Westminster, South Carolina or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. The City of Westminster, South Carolina and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR ADMINISTRATION DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks: _____

Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly rate/ Salary _____ Department _____

By _____
Name and Title Date



Applicant Data Record

City of Westminster
 Administration Department
 PO Box 399
 Westminster, SC 29693

(PLEASE PRINT)

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/ government contractors, we comply with government regulations and affirmative action responsibilities.

Solely, to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record.

This Data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date:

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative
 Employment Agency Other

Name: Last	First	Middle	Phone Number
			- -
Address: Number	Street	City	State Zip Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one: Male Female

Check one of the following:

Race/ Ethnic: White Black Hispanic

American Indian/ Alaskan Native Asian/ Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual



CITY OF WESTMINSTER

CONSENT, AUTHORIZATION, AND RELEASE OF LIABILITY FOR ALCOHOL/DRUG TESTING

I understand and agree that in accordance with the City of Westminster's substance abuse policy, I voluntarily agree to undergo a drug test. I understand that, as a condition of my employment, the City of Westminster's Substance Abuse Policy requires urine tests of applicants selected for employment and employees for the purpose of evaluating mental and physical suitability for employment in positions as specified in the City's Substance Abuse Policy.

I hereby give my permission for the Alcohol & Drug Abuse Testing Centers, Inc., and its agents, to obtain a urine and/or breath specimen from me, now. I further give my voluntary permission for the City of Westminster to take an alcohol or drug test anytime during my employment, including post-accident situations when additional consent may be impractical or unobtainable. I also understand that this is not a diagnostic examination designed to detect hidden or latent diseases, but is instead for the purpose of predicting job performance effectiveness, regulatory compliance and possible safety risks to the City, and to me, which might arise as a result of such employment.

I understand that a positive test result will disqualify me from consideration for employment, or at a later time, may result in denial of worker's compensation claims or even my termination from employment. I fully understand and accept the condition that any false answers or willful omissions made by me will be sufficient grounds for my discharge, irrespective of when false answers or omissions are discovered.

I understand and agree that neither the City of Westminster, Alcohol & Drug Abuse Testing Centers, Inc., the examining physicians, medical personnel or other staff shall be liable for injury or suffering experienced by me as a result of physical or mental infirmities, disease, or conditions not detected during the course of such testing or for the failure to direct me to a specialist for treatment. I understand that all drug testing will be conducted as a DHHS certified laboratory or alcohol tests will be obtained by a trained Breath Alcohol Technician (BAT) using Evidentiary Breath testing equipment approved by the National Highway Traffic Safety Administration (NHTSA). I authorize the release of my test results to the Substance Abuse Policy Administrator of the City of Westminster.

_____	____ - ____ - ____	____/____/____
Print Employee's/Applicant's Full Name	Social Security Number	Date of Birth
_____	_____	
Signature of Employee/Applicant	Date	
_____	_____	
Signature of Witness	Date	