



City of Westminster Employment Application

Date _____ Position applied for _____

Last Name First Name Middle Name

Current Address City, State Zip Code

Phone # _____ Social Security Number _____

Driver's license # _____ State _____ DOB _____

Have you filed an application with the City of Westminster before? YES NO

Have you been employed with the City of Westminster before? YES NO

If so, when? _____

Are you currently employed? YES NO

Are you under any employment contract? YES NO

May we contact your present employer? YES NO

Can you provide required proof of your eligibility to work in the US? YES NO

Are you currently on layoff, subject to recall? YES NO

Can you travel if required? YES NO

Do you have a commercial driver's license? YES NO

Are you able to work Full time Part time Temporary Shifts

Have you been convicted of a traffic violation within the past 10 years? YES NO

Have you ever been convicted of a misdemeanor AND/OR a felony? YES NO

If yes, please explain: _____

Have you ever pled guilty or no contest to the above? YES NO

Are you currently under any domestic or restraining order? YES NO

Are there any charges/indictments currently pending against you? YES NO

Do you have any relatives currently employed by the City of Westminster? YES NO

Have you ever served in the United States Military? YES NO

Education

Name & Address of school	Course of study	Years completed	Diploma/Degree
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High School

College or University

Post Graduate

Employment History

List current or most recent position first. If necessary, continue on a separate sheet. Please attach your resume in addition to completing this application.

Employer	Address	Phone Number
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Dates employed	Job Title	Salary/Rate	Supervisor
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Duties or work performed

Reason for leaving _____

Employer	Address	Phone Number	
Dates employed	Job Title	Salary/Rate	Supervisor
Duties or work performed			

Reason for leaving _____			

Employer	Address	Phone Number	
Dates employed	Job Title	Salary/Rate	Supervisor
Duties or work performed			

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Duties or work performed			

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Employer	Address	Phone Number	
Dates employed	Job Title	Salary/Rate	Supervisor
Duties or work performed			

Reason for leaving _____			

References:

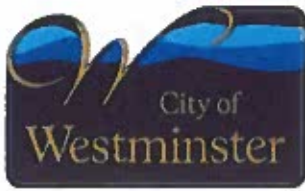
1. _____
Name Relationship Phone
2. _____
Name Relationship Phone
3. _____
Name Relationship Phone

Please describe any specialized training, apprenticeship, skill, or extracurricular activities

List professional, trade, business, or civic activities and offices held

Summarize any special job related skills and qualifications

The City of Westminster is an equal opportunity employer. The City of Westminster considers all applicants for all positions without regard to race, color, religion, sex, nationality, age, marital or veteran status, the presence of a non-job related medical equipment condition or handicap, or any other legally protected status.



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

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 state that I have never been subject to a domestic or protective restraining order and I have never been convicted of a domestic violence related offense.

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