Please print or type.

City of Hardeeville, South Carolina

An Equal Opportunity Employer

Application for Employment

Employees of the City of Hardeeville and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting the Human Resources Division within the Office of the City Manager.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE CITY OF HARDEEVILLE, THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE CITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

*****REASONABLE ACCOMODATIONS MAY BE AVAILABLE TO DISABLED APPLICANTS AND EMPLOYEES UNDER THE ADA/ADAA, IF GIVEN NOTICE BY THE APPLICANT OR EMPLOYEE.*****

I. POSITION APPLYING FOR:

Position applied for _____ **Department or Office** _____

(one per application)

II. CONTACT INFORMATION:

Full legal name _____ **Maiden Name** _____

Last First Middle

Mailing Address _____ **Email Address** _____

Address _____

City State Zip

Home Phone ( ) **Alternate Phone** ( ) **Notification Preference** ☐ **Mail** ☐ **Email**

III. OTHER PERSONAL INFORMATION

Do you possess a valid driver's license? ☐ **Yes** ☐ **No** **If Yes, provide State and Number:** _____

Expiration Date: _____ **Class (Check One)** ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E** ☐ **F** ☐ **M** ☐ **G** ☐ **CDL**

Are you willing to relocate? ☐ **Yes** ☐ **No** **Can you, after employment, submit proof of your legal right to work in the United States?** ☐ **Yes** ☐ **No**

What type of job are you looking for? ☐ **Full Time** ☐ **Part Time** ☐ **Temporary** ☐ **Internship**

What types of work will you accept? ☐ **Full Time** ☐ **Part Time**

What shifts are you available for work? ☐ **Day** ☐ **Evening** ☐ **Night** ☐ **Rotating**

Are you at least 18 years of age? ☐ **Yes** ☐ **No** **Are you at least 21 years of age?** ☐ **Yes** ☐ **No** (Public Safety Dept. Applicants Only)

IV. EDUCATION

Are you a high school graduate? ☐ **Yes** ☐ **No** **Highest Grade Completed** _____ **Year Completed** _____

If you did not complete high school, do you have a high school equivalency diploma? ☐ **Yes** ☐ **No** **Date Received** _____

Check number of years of post high school education ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7**

Starting with High School, provide complete information on all schools attended. Include any special courses or training school	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1.					
2.					
3.					

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected and completion date: _____

V. EXPERIENCE

Starting with the most recent, describe *ALL* paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. ***A resume may not be substituted for this section. However, a resume may be attached upon full completion of the application.***

You may list significantly different jobs within the same organization as separate items. **May we contact your present supervisor?** ☐ Yes ☐ No

1. **Job Title** _____ **Duties:** _____
   Employer _____
   Address _____
   _____
   _____ Phone _____
   Type of business _____
   Immediate supervisor _____
   Title _____ Number and titles of employees you supervised _____
   Salary (start) _____ (finish) _____ Equipment used _____
   Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
   Full-time Part-time Hours/week Your name if different from present

2. **Job Title** _____ **Duties:** _____
   Employer _____
   Address _____
   _____
   _____ Phone _____
   Type of business _____
   Immediate supervisor _____
   Title _____ Number and titles of employees you supervised _____
   Salary (start) _____ (finish) _____ Equipment used _____
   Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
   Full-time Part-time Hours/week Your name if different from present

3. **Job Title** _____ **Duties:** _____
   Employer _____
   Address _____
   _____
   _____ Phone _____
   Type of business _____
   Immediate supervisor _____
   Title _____ Number and titles of employees you supervised _____
   Salary (start) _____ (finish) _____ Equipment used _____
   Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
   Full-time Part-time Hours/week Your name if different from present

4. **Job Title** _____ **Duties:** _____
   Employer _____
   Address _____
   _____
   _____ Phone _____
   Type of business _____
   Immediate supervisor _____
   Title _____ Number and titles of employees you supervised _____
   Salary (start) _____ (finish) _____ Equipment used _____
   Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
   Full-time Part-time Hours/week Your name if different from present

VI. ADDITIONAL INFORMATION

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

_____

_____

Licenses, certificates, or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

VII. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

VIII. ADDITIONAL INFORMATION

Have you ever been convicted for any violation(s) of law, including moving traffic violations. ☐ **Yes** ☐ **No.** **If YES, please provide the following:**

Charges	Location	Date	Disposition / Status

Do you have any relatives employed with the City of Hardeeville? ☐ **Yes** ☐ **No.** **If YES, please provide the name and relationship of the relative:**

_____

Have you ever been discharged or forced to resign from any job? ☐ **Yes** ☐ **No.** **If YES, please explain below:**

_____

_____

IX. CONSENT TO CONDUCT CERTAIN BACKGROUND CHECKS

By providing the information below and by my signature, I consent to allow authorized officers, agents, and employees of the City of Hardeeville, South Carolina to conduct certain background checks to include, but not limited to, law enforcement , a criminal records check, a credit check, a driving records check and other background investigations as applicable. I release the organization, educational entity, present and former employers, law enforcement organizations, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with may application for employment. ***I understand that providing my identification information below is optional, but may be required prior to being offered employment with the City of Hardeeville, South Carolina. Failure to submit your date of birth and social security number on this form will not prohibit employment consideration.***

Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____

Date _____ **Applicant Signature** _____

X. CERTIFICATIONS – *All applications must be signed to be considered*

AUTHORITY TO RELEASE INFORMATION—By my signature, I consent to the release of information that may be lawful obtained to authorized officers, agents, and employees of the City of Hardeeville, South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service records; law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and employees of the City of Hardeeville, South Carolina to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organizations, all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with may application for employment.

Date _____ **Applicant Signature** _____

CERTIFICATION OF APPLICANT—By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentations, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Date _____ **Applicant Signature** _____

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INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR CITY EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM NOT OTHERWISE LISTED AS OPTIONAL.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- APPLY FOR ONE VACANCY PER APPLICATION. RESUMES MAY BE SUBMITTED WITH, BUT NOT IN LIEU OF APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE). INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
- SEPARATELY LIST EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN CITY GOVERNMENT. THE CITY OF HARDEEVILLE WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

IF YOU WILL NEED REASONABLE ACCOMMODATIONS TO PARTICIPATE IN THE SELECTION PROCEDURES (E.G., INTERVIEW, WRITTEN TESTS, OR JOB DEMONSTRATION), THEN PLEASE CONTACT THE DIVISION HUMAN RESOURCES IN THE OFFICE OF THE CITY MANAGER.

Mailing Address: Division of Human Resources
Office of the City Manager
PO Box 609
Hardeeville, SC 29927
Phone: 843-784-2231

Physical Address for Non-Postal Delivery: Division Human Resources
Office of the City Manager
205 East Main Street
Hardeeville, SC 29927
Fax: 843-784-6384
www.cityofhardeeville.com

Date _____

I certify that the facts contained in application for employment/and or resume with the City of Hardeeville are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the reference and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. The City of Hardeeville is authorized to conduct a criminal and personal background investigation.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ADA) and other relevant federal and state laws.

Printed Name: _____

Drivers License Number: _____

Date of Birth: _____

Social Security Number: _____

_____

Signature