

City of Florence

Drawer, PP, City-County Complex
Florence, South Carolina 29501-3456
Phone (843) 665-3158

EMPLOYMENT APPLICATION

(Please Print)

NAME: _____

Last

First

Middle

SSN: _____ Driver's License # _____ State _____

ADDRESS: _____

Street

City

State

Zip

PHONE: Home _____ Other _____

POSITION(S) APPLIED FOR: _____

FULL TIME

PART TIME (30 HR/WK YR/RD)

TEMPORARY

When can you begin? _____

EDUCATION:

Last year of school completed: _____ Do you have a high school diploma or GED certificate? _____yes _____no

If you attended college OR trade school, please indicate:

SCHOOL

DATES ATTENDED

DEGREE (MAJOR/MINOR)

List special skills: (i.e., computer software, certifications)

EMPLOYMENT HISTORY: (Begin with your present or most recent position. List ALL positions held for the past ten (10) years.

1. EMPLOYER _____

ADDRESS _____

TELEPHONE NUMBER(S) _____

JOB TITLE _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING _____

WORK PERFORMED _____

3. EMPLOYER _____

ADDRESS _____

TELEPHONE NUMBER(S) _____

JOB TITLE _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING _____

WORK PERFORMED _____

2. EMPLOYER _____

ADDRESS _____

TELEPHONE NUMBER(S) _____

JOB TITLE _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING _____

WORK PERFORMED _____

4. EMPLOYER _____

ADDRESS _____

TELEPHONE NUMBER(S) _____

JOB TITLE _____

DATES OF EMPLOYMENT: FROM _____ TO _____

REASON FOR LEAVING _____

WORK PERFORMED _____

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

Have you ever worked for the City of Florence? _____ If yes, Date(s) _____

Do you have any of the following relatives working for our organization? (spouse, parents, parent-in-law, grandparents, brothers, sisters, children, aunts, uncles, brothers and sisters-in-law, nieces and nephews and grandchildren). If yes:

NAME

RELATIONSHIP

Have you been convicted, pled no contest, or not guilty of a crime other than a minor traffic violation? NOTE: Conviction is not necessarily a bar to employment. Circumstances surrounding the conviction and job applied for will be considered.

CHARGES

LOCATION

DISPOSITION

DATE

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN

SECTION A:

It shall be the policy of the City of Florence to select an applicant deemed most suitable to fill each position in the City's classification plan. Selection will be made on the basis of educational background, related work experience, and other work related factors. The City of Florence is an "Equal Opportunity Employer."

It is further the policy of the City of Florence to recruit, hire, train and promote employees and applicants without regard to race, religion, political affiliation, handicap or disability, national origin, Veteran's status, sex, or age.

The City of Florence has designated the following (person or office) as the contact to coordinate efforts to comply with this requirement. Inquiries should be directed to:

NAME : Darene Stankus, Human Resource Director
OFFICE : Personnel Department
ADDRESS : Drawer PP City County Complex
Florence, SC 29501
PHONE : 843-665-3158
HOURS : Monday - Friday, 8:30 am - 5:00 pm

SECTION B:

I hereby affirm that all statements made herein are true and correct. I authorize the City of Florence to conduct whatever investigations of my personal history it deems necessary. I understand that any false, misleading, or incomplete statements are grounds for refusal to hire or dismissal.

I also authorize and request each former employer and person, firm or corporation, given as reference, to answer any and all questions that may be asked, and to give any and all information that may be sought in connection with this application concerning my work habit, character or skill.

I hereby understand and acknowledge that any employment relationship with the City of Florence is of an "at will" nature, which means that the Employee may resign at any time and the City may discharge Employee at any time for any and no reason, with or without notice. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such change is specifically acknowledge in writing by the City Manager.

The use of this application form does not indicate that there are any positions available and in no way obligates the City of Florence.

APPLICANT'S SIGNATURE _____ DATE _____

**City of Florence
Applicant Data Survey**

Name: _____ Date: _____

Position(s) Applied For: _____

How did you hear about the position you are applying for?

- Newspaper** – Name of Newspaper _____ Date of Ad: _____
- Advertisement** – Name of Source _____
- Relative**
- Walk-In**
- School** – Name of School _____
- Job Fair** _____ Placement Office _____
- Government Employment Agency** – List _____
- Private Employment Agency** – List Resource _____
- Government Access Channel** – 11
- Web Site**
- City Employee** – Name _____ Dept _____
- Other** _____

Please be advised that this survey is not a part of your official application for employment. It is considered information that will not be used in any hiring decision.

FOR OFFICE USE ONLY

Received By (Initial): _____ Date: _____