

APPLICATION FOR EMPLOYMENT

This application form is intended for use in evaluating your qualifications for employment. All qualified applicants will receive consideration without regard to sex, race, color, age, creed, national origin, religion, disability, veteran status, uniformed servicemember, genetic information, or any other category protected by applicable federal, state, or local laws, regulations or ordinances. No question on this application is intended to secure information to be used for such discrimination. Testing of job-related skills may be required prior to employment.

THE CITY OF TRAVELERS REST IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. EMPLOYMENT AT-WILL MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name			Position Applied For	
Last First		Middle Initial		
Telephone Number ()		Alternate/Cellula	r Telephone Number ()	
Email Address Emergency Contact Name and Number				
Current Address				
	S	treet, Apartment, or Un		
			How long have you lived there	
City	State	Zip		Years Months
Previous Address				
	S	treet, Apartment, or Un		,
			How long have you lived there	
City Desired Salary/Hourly Rate	State	Zip		Years Months
If under the age of 18, can you produce the			e at the time of employment? Ves	
_		<u></u>	• •	<u> </u>
Type of employment desired? Full-time [Part-	time 🗌 (Spec	ify Hours)	
Are you willing to work overtime? Yes] No 🗌	Date on which	you can start work if hired	
Do you currently have a valid Drivers License? Yes No				
If Yes, please check your license class and enter the licensing agency. A 🗌 B 📗 C 📗 D 📗 E 📗 Other 🗎				
Licensing Agency:				
Have you previously applied for employm	ent with (City of Travelers R	est? Yes 🗌 No 🗌	
If Yes, when and where did you apply? _				
Have you ever been employed by City of	Travelers	Rest? Yes 🗌 No	If Yes, provide dates of emp	loyment, location,
and reason for separation from employment.				



INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS

Do not include convictin referral to a diversion	tions that were sealed, eradicated on program.	d, erased, annulle	ed by a court, or	expunged, or co	nvictions that resulte
	rs, have you plead guilty or no cor are applying, other than the appli				e related to the
•	rrested for any matters related to n recognizance pending trial? Yes		which you are a	pplying, for which	n you currently are ou
	ONLY: If you answered Yes, to eitle above instructions so that indivi		•	•	ne date(s) and explain
number of occurrence work and educationa when required by law List all certifications or	If the crime, its seriousness, the ses, the applicant's age at the time of history, employment reference of the second technical skills that you for anglanguage, software, equipment requipment requipment requipment requipment requipments.	e of the crime, to es and recommen	he time elapsed ndations, and t	I since the crime, he business nece	the applicant's entiressity of any exclusio
Education	School Name and Location (Address, City, and State)	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Business/Technical/ Frade or Post College					
Honors Received					
• •	v any other names by which you he record. For example, change of n		•	•	w us to confirm your



WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with most current or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply operating name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer:		
Name Telephone ()	Address Dates Employed From	Type of Business
	Duties	
	May we contact? Yes No	
Reason for Leaving		
What will this employer say was the	reason your employment was terminated?	
How much notice did you give when	resigning? If no notice provided, explain	
Employer:		
Name Telephone ()	Address Dates Employed From	
	Duties	
	May we contact? Yes No l	
Reason for Leaving		
	reason your employment was terminated?	
How much notice did you give when	resigning? If no notice provided, explain	
Employer:		
Name Telephone ()	Address Dates Employed From	Type of Business To
Job Title [Outies	
Supervisor's Name	May we contact? Yes 🔲 No 🔲 I	f No, why not?
Reason for Leaving		
What will this employer say was the	reason your employment was terminated?	
How much notice did you give when	resigning? If no notice provided, explain.	
City of Travelers Rest Application for E	mployment – June 2021	Page 3



Please explain fully all gaps in your employment history in excess of one (1) month.
Have you ever been terminated or asked to resign from any job? Yes No
Has your employment ever been terminated by mutual agreement? Yes No
Have you ever been given the choice to resign rather than be terminated? Yes \(\square\) No \(\square\)
If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional **work-related references** we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (Supervisor, Co-Worker)	TELEPHONE/EMAIL

APPLICANT CERTIFICATION

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate termination.

CITY OF TRAVELERS REST IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE POLICIES, RULES, AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH POLICIES, RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.



I authorize City of Travelers Rest or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the required employment screening process.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to City of Travelers Rest or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability City of Travelers Rest and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by City of Travelers Rest, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand City of Travelers Rest employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature	D	ate	

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF 90 DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.