



## CITY OF PICKENS APPLICATION FOR EMPLOYMENT

The City of Pickens is an equal opportunity employer. The City of Pickens does not discriminate in employment on account of race, color, religion, national origin, ancestry, age, sex, sexual orientation, marital status, physical or mental disability or any other legally protected status.

### DISCLAIMER

THIS APPLICATION IS NOT A CONTRACT.  
EMPLOYMENT WITH THE CITY OF PICKENS IS AT-WILL.

APPLICATION DATE: \_\_\_\_\_

POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

### GENERAL INFORMATION-

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

ARE YOU 18 YRS. OF AGE OR OLDER? YES \_\_\_ NO \_\_\_

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES \_\_\_ NO \_\_\_

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED WITH THE CITY OF PICKENS? YES \_\_\_ NO \_\_\_

IF YES, LIST THEIR NAMES AND RELATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH THE CITY OF PICKENS? YES \_\_\_ NO \_\_\_

IF YES, WHAT YEAR(S) AND WHAT POSITION(S) \_\_\_\_\_

\_\_\_\_\_

HAVE YOU BEEN CONVICTED, PLED NO CONTEST TO OR GUILTY TO A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES \_\_\_\_\_ NO \_\_\_\_\_

*A positive answer will not automatically disqualify you from employment with The City. The position you are applying for along with the nature, severity and date of the offense will be considered.*

IF YES, PLEASE LIST THE CHARGES, DATES, PLACES OF CONVICTIONS AND DISPOSITIONS

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**MILITARY EXPERIENCE-**

WERE YOU IN THE U.S. ARMED FORCES? YES \_\_\_\_\_ NO \_\_\_\_\_

WHICH BRANCH OF SERVICE? \_\_\_\_\_

WHAT WAS YOUR RANK AT SEPARATION? \_\_\_\_\_

DATES OF DUTY- FROM \_\_\_\_\_ TO \_\_\_\_\_

**SKILLS-**

DO YOU TYPE? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, TYPING SPEED \_\_\_\_\_ WORDS PER MINUTE

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_ FROM WHAT STATE? \_\_\_\_\_

CLASS OF DRIVER'S LICENSE \_\_\_\_\_

ARE YOU CURRENTLY REGISTERED OR LICENSED FOR A PROFESSION IN SC? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, LIST PROFESSION/LICENSE NUMBER AND EXPIRATION DATE \_\_\_\_\_

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LIST ANY EQUIPMENT OR MACHINERY YOU CAN OPERATE \_\_\_\_\_

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ANY OTHER SPECIAL SKILLS, QUALIFICATIONS, AWARDS, TRAINING, ETC., RELATED TO THE POSITION YOU ARE APPLYING FOR \_\_\_\_\_

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EDUCATION-

SCHOOL	NAME, ADDRESS & DATES ATTENDED	# OF YEARS COMPLETED	DEGREE
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HIGH SCHOOL \_\_\_\_\_

TECH. OR  
TRADE SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

GRADUATE SCHOOL \_\_\_\_\_

OTHER \_\_\_\_\_

REFERENCES-

PLEASE LIST THREE REFERENCES WHO ARE NOT PREVIOUS EMPLOYERS AND WHO ARE NOT RELATED TO YOU.

NAME	ADDRESS	PHONE NUMBER
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\_\_\_\_\_

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**EMPLOYMENT HISTORY-**

Please list your most recent employer first. We may contact your previous employers.

1. Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address and Phone # \_\_\_\_\_

Start Date \_\_\_\_\_ Job Title and Salary \_\_\_\_\_

End Date \_\_\_\_\_ Job Title and Salary \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving \_\_\_\_\_ May we contact this Employer? \_\_\_\_\_

2. Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address and Phone # \_\_\_\_\_

Start Date \_\_\_\_\_ Job Title and Salary \_\_\_\_\_

End Date \_\_\_\_\_ Job Title and Salary \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving \_\_\_\_\_ May we contact this Employer? \_\_\_\_\_

3. Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address and Phone # \_\_\_\_\_

Start Date \_\_\_\_\_ Job Title and Salary \_\_\_\_\_

End Date \_\_\_\_\_ Job Title and Salary \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Leaving \_\_\_\_\_ May we contact this Employer? \_\_\_\_\_

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY-

I CERTIFY THAT ALL THE INFORMATION AND ANSWERS GIVEN BY ME ON THIS EMPLOYMENT APPLICATION ARE TRUE, ACCURATE AND COMPLETE AND I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING DOCUMENTS) WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT OR TERMINATION IF DISCOVERED AFTER EMPLOYMENT.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the City's rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the City or me, I further understand that no representation, whether oral or written by any representative or agent of the City, at any time, can constitute a contract of employment. I understand that the City and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. I further understand the City of Pickens is an At-Will employer.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

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Signature

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Date