

## City of Forest Acres Employment Application

An Equal Opportunity Employer

This application must be completed in full and signed. Incomplete or unsigned applications will not be considered. By filling out this application you are neither guaranteed an interview nor a job. The City of Forest Acres is an employment at will organization and, therefore, has no permanent employees. If you are selected for an interview, you will be notified by the Personnel Department. Pursuant to state law, applicants in default of student loans will not be considered for employment.

Mailing Address: City of Forest Acres, HR Department, 5209 N. Trenholm Road, Columbia, SC 29206

Position Applied For: (one position per application)				Date of Application
Last Name	First Name	Mic	ddle Name	Telephone Number(s)
Address		City	State	Zip Code
Referral Source	Advertisement	☐ City Employee ☐ Walk-In	Other (specify belo	ow)
Are you currently a City of Fo	rest Acres employee?   Yes	☐ No If yes, specify	dept	
Are you able to provide proof	that you are authorized to work in	the United States?	☐ Yes ☐ No	
Have you been employed here	before?	f yes,Position	<b>&gt;n</b>	Dates
Do you have any relatives emp	oloyed here?	f yes,Name	Department	Relation
	1. 1 1	offense?	es 🗆 No	
Have you been convicted of ar If yes, please specify	nything other than a minor traffic of date(s) and nature of offense(s):			
If yes, please specify  Do you have a valid Driver's I		or a Class B Con		
If yes, please specify	date(s) and nature of offense(s):	or a Class B Con  ck all that apply):  burs per week)	nmercial Driver's Licer	
If yes, please specify Do you have a valid Driver's I  AVAILABILITY Date available to begin work:  EDUCATION	date(s) and nature of offense(s):	or a Class B Com  ck all that apply):  burs per week)  hours per week)	nmercial Driver's Licer  Temporary Rotating Shifts  olleges, special courses	nse? □ Yes □ No
If yes, please specify Do you have a valid Driver's I  AVAILABILITY Date available to begin work:  EDUCATION	date(s) and nature of offense(s):	or a Class B Conce a Class B Conce all that apply):  ours per week)	nmercial Driver's Licer  Temporary Rotating Shifts	nse? □ Yes □ No
If yes, please specify  Do you have a valid Driver's I  AVAILABILITY  Date available to begin work:  EDUCATION  Beginning with High School, J	date(s) and nature of offense(s):	or a Class B Com  ck all that apply): burs per week) hours per week)  s attended including co  Completion Date	Temporary Rotating Shifts  blleges, special courses Name of Degree or	□ Weekends
If yes, please specify  Do you have a valid Driver's I  AVAILABILITY  Date available to begin work:  EDUCATION  Beginning with High School, J	date(s) and nature of offense(s):	or a Class B Com  ck all that apply): burs per week) hours per week)  s attended including co  Completion Date	Temporary Rotating Shifts  blleges, special courses Name of Degree or	□ Weekends
If yes, please specify  Do you have a valid Driver's I  AVAILABILITY  Date available to begin work:  EDUCATION  Beginning with High School, J	date(s) and nature of offense(s):	a Class B Com ck all that apply): purs per week) hours per week)  s attended including co Completion Date  No	Temporary Rotating Shifts  blleges, special courses Name of Degree or	□ Weekends

The City of Forest Acres is an Equal Opportunity Employer. All applicants are considered for employment without regard to color, race, sex, religion, age, national origin, marital status, veteran status or disability. If you believe you have been discriminated against for any of these reasons on consideration of your application, please notify the Human Resources Director, City of Forest Acres, 5209 N. Trenholm Road, Columbia, SC 29206. It is also your right to notify the Equal Employment Opportunity Commission, Office of Federal Contract Compliance Programs or any appropriate local or state agency of your complaint.

#### EMPLOYMENT EXPERIENCE

Company Name

List jobs starting with your *present or most recent job*. Include any military experience. A Résumé may be attached but does not take the place of this form. If you need more space, please attach a separate sheet or request an Additional Employment Experience form. May we contact your present employer?  $\square$  Yes  $\square$  No

Telephone

Dates Employed

To

From

Address		<u>'</u>	Number of Hours Worked Per Week
Job Title		Name of Supervisor	Hourly Rate Start Last
Describe Duties:		<u>'</u>	Reason for Leaving
Company Name		Telephone	Dates Employed
Address			From To  Number of Hours Worked Per Week
Job Title		Name of Supervisor	Hourly Rate Start Last
Describe Duties:			Reason for Leaving
Company Name		Telephone	Dates Employed
Address		<u> </u>	From To  Number of Hours Worked Per Week
Job Title		Name of Supervisor	Hourly Rate Start Last
Describe Duties:			Reason for Leaving
Company Name		Telephone	Dates Employed From To
Address		1	Number of Hours Worked Per Week
Job Title		Name of Supervisor	Hourly Rate Start Last
Describe Duties:			Reason for Leaving
L			
REFERENCES Provide the name	s es of three work-related references oth	her than relatives:	
Name	Address	Phone Num	ber Relationship Years

### YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any reference checks, background and criminal checks needed to establish my suitability for hire, including a background financial investigation as authorized under the Fair Credit Reporting Act if I have applied for a position which includes the handling of money. I further authorize the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If selected for employment, I further understand that my employment is contingent upon passing a pre-employment physical, the aforementioned background investigations and/or a drug test. If selected for employment, I am hereby certifying that I will abide by the employment policies of the City of Forest Acres.

Signature of Applicant	Date	

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## **Additional Employment Experience**

To be used as a continuation of the Application for Employment.

To be used us a community of the rippication for Employment.		
Company Name	Telephone	Dates Employed From To
Address		Number of Hours Worked Per Week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving
Company Name	Telephone	Dates Employed From To
Address		Number of Hours Worked Per Week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving
Company Name	Telephone	Dates Employed From To
Address		Number of Hours Worked Per Week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving
Company Name	Telephone	Dates Employed From To
Address		Number of Hours Worked Per Week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving
Company Name	Telephone	Dates Employed From To
Address		Number of Hours Worked Per Week
Job Title	Name of Supervisor	Hourly Rate Start Last
Describe Duties:		Reason for Leaving

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#### **EEO Information**

### • Not for Interview Purposes •

In accordance with Equal Employment laws, we are required to maintain statistical data on all applicants. We ask for your cooperation in completing and returning the following information. This form will be separated from your application and not used in the screening or interviewing processes.

Name			Social Securi	ty Number Date	e of Birth
Address				Tele	ephone Number
Driver's License (or C	CDL) Number	State Where Issued	Do you have a Class I If no, do you have a C	B Commercial Driver's CDL Permit?	License?
☐ Female ☐ Male	☐ American I☐ Asian / Pac☐ Hispanic	ific Islander	Black White Other (specify)		
Position Applied For:			outer (speerry)		
above name. I unders	tand and realize t s for any error in	hat the information so reporting this informa	released may prove un	release any information favorable to me. I agree I personnel whomever f	
Signature of Applicar	nt:			Date:	·
Please Do Not Write	Below This Line				
Background Check R					
Warrant:		No Warrant Found	☐ Active War	rant Indicated	
Local Record:		No Record Found	☐ Prior Recor	d (Please Attach)	
DL#:		Status Clear	☐ Status Susp	ended	
Signature of Person C	Conducting Check	ς:			



## City of Forest Acres An Equal Opportunity Employer

## **Application for Employment**

(Fold Line)	
(E-111:)	
(Fold Line)	
	Dlaga
	Place Stamp
	Here
	Tiere

Please fold, seal and mail to:

City of Forest Acres Human Resources Department 5209 N. Trenholm Rd. Forest Acres, SC 29206