



**City Of Union**

101 Sharpe Avenue

P.O. Box 987

Union, SC 29379

## **NOTICE TO APPLICANTS**

### **DRUG TESTING POLICY**

**DUE TO THE HEALTH AND SAFETY RISKS OF DRUG ABUSE, APPLICANTS SELECTED FOR EMPLOYMENT IN POSITIONS WITH THE CITY OF UNION WILL BE REQUIRED TO UNDERGO A DRUG TEST PRIOR TO EMPLOYMENT.**

**A POSITIVE TEST RESULT, INDICATING DRUG USE, WILL DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT. A NEGATIVE TEST RESULT, INDICATING BEING FREE OF DRUGS, WILL NOT GUARANTEE EMPLOYMENT.**

**ANY APPLICANTS NOT WILLING TO COMPLY WITH THIS REQUIREMENT MAY SIMPLY EXCUSE THEMSELVES PRIOR TO COMPLETING THE ATTACHED APPLICATION FORM.**

**THANK YOU.**

# APPLICATION FOR EMPLOYMENT

# CITY OF UNION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability or any other legally protected status.  
**NOTICE:** The Freedom of Information Act allows for disclosure of applicant information.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Date of Birth		Social Security Number

Are you 18 years of age or over?  Yes  No

Have you ever filed an application with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Do you have any relatives who work for us? List names \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed		
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Do you have a S.C. driver's license? \_\_\_\_\_ License Number: \_\_\_\_\_

Are you licensed to operate any special equipment in S.C.? \_\_\_\_\_ If so, please specify.

<p>List professional, trade, business or civic activities and offices held.</p> <p>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</p>

## REFERENCES

<p>Give name, address and telephone number of three references who are not related to you and not previous employers.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
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Have you ever had any job-related training in the United States military?

Yes

No

If Yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes

No



# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this investigation may include a credit check and a criminal background check.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, my employment relationship with the City is of an "at will" nature, which means that I may terminate my employment at any time with or without notice or cause, and the City retains the same rights. It is further understood that this "at will" employment relationship may not be changed by any written document, oral statement or by other conduct unless such change is specifically acknowledged in writing by the City Administrator.

In the event of employment, I understand that false, incomplete, or misleading information given in my application or interview(s) may result in the rejection of my application or, if subsequently discovered, immediate discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**