

CITY OF NEWBERRY
 Employment Application



<i>City of Newberry HR Dept. to Use Only</i>	
Applicant ID# _____	
Date _____	

APPLICANT INFORMATION

Last Name		First Name	MI	Nickname	
Street Address				Apartment Unit #	
Mailing Address					
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position(s) Applied for	1. _____		2. _____		
	3. _____		4. _____		
Will you relocate if job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when		
Have you applied here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when		
Have you ever been charged or convicted of a crime greater than a minor traffic violation? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If yes, please explain. _____					

<i>Your criminal record may not be a hindrance to being offered the job. You may be required to present documentation from the court indicating disposition of a charge.</i>					
SC Driver's License # _____ Is this a Commercial Driver's License YES <input type="checkbox"/> NO <input type="checkbox"/>					

REFERRAL SOURCE

- Walk-In
- City of Newberry Website
- Job Fair / School Posting
- Employee _____
- Job Board _____
- SOCIAL MEDIA _____
- OTHER _____

EDUCATION

High School				Address	
From		To		Graduate?	Degree:
College				Address	
From		To		Graduate?	Degree:
College				Address	
From		To		Graduate?	Degree:

Certifications:

PREVIOUS EMPLOYMENT – START FROM MOST RECENT AND AT LIST THREE (3) EMPLOYERS

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
Dates of Employment:			
Reason for Leaving:			
May we contact your previous supervisor for a reference?			
If no, please explain why.			

PREVIOUS EMPLOYMENT CONTINUED....

Company

Phone

Address

Supervisor

Job Title

Starting
Salary

Ending
Salary

Responsibilities

Dates of Employment

Reason for Leaving:

May we contact your previous supervisor for a reference?

If no, please explain why.

Company

Phone

Address

Supervisor

Job Title

Starting
Salary

Ending
Salary

Responsibilities

Dates of Employment:

Reason for Leaving:

May we contact your previous supervisor for a reference?

If no, please explain:

Please list relevant skills and job-related information:

Please explain any gaps in employment:

CERTIFICATIONS / SPECIAL LICENSES OR TRAINING

SKILLS AND OTHER QUALIFICATIONS

Word Processing/Typing MS Office Multi-Line Phone System Email Internet

OTHER SKILLS OR SOFTWARE:

JOB-RELATED ORGANIZATION(S), SPECIAL AWARDS OR ACCOMPLISHMENTS:

Other Languages Spoken

Fluency

MILITARY SERVICE

Branch:

Dates of Service:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

REFERENCES – List 3 business or work references we may contact that you are not related to.

Name:

Phone:

Years Known and How:

Name:

Phone:

Years Known and How:

Name:

Phone:

Years Known and How:

OTHER

Do you know anyone working for the City of Newberry?

If Yes, who?

Are you related to anyone working for the City of Newberry?

If Yes, who?

VOLUNTEER / COMMUNITY SERVICE

Organization:

Dates:

Duties / Assignments:

Contact Person and Phone
Number:

DISCLAIMER AND SIGNATURE

I certify that my answers are true, complete and correct to the best of my knowledge.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, educational institutions and to otherwise verify the accuracy of all information provided by me in this application and resume.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for limiting or eliminating any applicant from consideration on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without notice, except as required by law.

Signature

Date

CERTIFICATION

I hereby certify that I, _____, have made no willful misrepresentations, omissions, or falsifications on my application dated _____, and that all statements and answers are true and correct to the best of my knowledge.

I understand that any falsifications, withholding, or failure to answer all questions completely and accurately may cause denial or separation from employment.

CRIMINAL HISTORY AUTHORIZATION

I authorize the City of Newberry to obtain a report on my criminal history in order to determine my suitability for employment. For the purpose of obtaining this report, I provide the following information:

Social Security No.: _____

Date of Birth: _____

Current Address: _____

CONSENT & AUTHORIZATION TO RELEASE PERSONNEL INFORMATION

I, _____, do hereby consent to release to the City of Newberry, South Carolina, all information contained in any personnel file(s) relating to my employment with all previous employers, in whatever form it may be so held and in whatever office that it is stored.

This consent and authorization allows for the reading and duplication of such information and includes paper writings, records, evaluations, tape recordings, and any other information contained in such file(s). Further, this consent and authorization allows such agency to retain in its possession any copies, notes, or other information obtained because of my consent.

This consent and authorization is given freely and voluntarily.

(Applicant's Signature)

(Date)

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate based on any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filled separately from application.

To comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this application data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision. Your cooperation is appreciated.

Position(s) Applied For _____

Date: _____

Applicant Information

Name: _____
Last, First MI

Address: _____
Street City State Zip

Phone: _____

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | |
|---|--|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> American Indian or Native Alaskan |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multiracial (having parents of different races) |
| <input type="checkbox"/> Black (not of Hispanic origin) | |

Referral Source

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- Internet Job Board _____
- Social Media _____
- Other _____