

EMPLOYMENT APPLICATION

(Please Print & Answer All Questions Completely)

FOR OFFICE USE ONLY
PURGE DATE _____

City of Camden

P.O. Box 7002
Camden, S.C. 29020
(803) 432-2421

Position(s) Applied For: _____ Date _____
_____ Date _____
_____ Date _____

PERSONAL

NAME _____ SOCIAL SECURITY NUMBER _____
(Last) (First) (Middle)

Present Mailing Address _____
(Street & No. or RFD) (City) (State) (Zip Code)

Permanent Mailing Address _____
(Street & No. or RFD) (City) (State) (Zip Code)

Telephone: Home _____ Business _____ If none, where can you be reached by phone: _____

Whom would you want notified in case of an emergency? Name _____ Relationship _____

Complete address: _____ Telephone No: _____

MILITARY

Were you in the US Armed Forces? _____ If yes, what branch? _____

Dates of Duty from _____ to _____ Rank at Discharge _____

List Duties in Service including Special Training _____

Have you taken any training under the G.I. Bill? _____ If yes, please describe _____

GENERAL

What type of license do you have? _____ License Number _____
(Driver's or Chauffeur's)

Issued in what State? _____ What is the expiration date? _____

Are you presently employed? _____ Do you mind if we contact your current employer? _____

Have you ever worked for The City of Camden before? _____ If yes, please give date(s) _____

Who referred you to The City of Camden for work? _____

Are you related by blood or marriage to any person now employed by The City of Camden? _____

If yes, give name(s) & relationship(s) _____

What is your opinion of working evenings, Saturdays, and Sundays? _____

How many days notice would you require before reporting for work? _____

Have you ever been convicted of a criminal charge? Yes _____ No _____

Is there any other information you feel is relevant to your qualifications? _____

REFERENCES: List (3) persons who are familiar with your qualifications for employment:

(A) Name _____ Address _____

(B) Name _____ Address _____

(C) Name _____ Address _____

THE CITY OF CAMDEN IS COMMITTED TO EQUALITY IN ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, IT'S PROGRAMS AND ACTIVITIES AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES BASED ON RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE OR DISABILITY.

Please complete the information requested below. This information is necessary for statistical purposes only and will be retained separate from the application for employment.

1. Name

_____ (Last) (First) (Middle)

2. Social Security Number

3. Date of Birth _____
(Month) (Day) (Year)

4. Citizenship U.S. Other - Specify _____

EQUAL EMPLOYMENT STATISTICAL INFORMATION

5. Ethnic Background

- (A) White
- (B) Black
- (C) Hispanic
- (D) Asian or Pacific Islander
- (E) American Indian or Alaskan Native
- (F) Other _____

6. Sex

- (1) Male
- (2) Female

7. Marital Status

- Single Engaged Divorced
- Married Separated Widowed

8. Who referred you to The City of Camden for work? _____

9. Position(s) applied for _____

10. What method of transportation will you use to get to work? _____

Date

Applicant's Signature

EDUCATION - Give your complete educational history below:

Elementary or High School	Name	Location	Ending Date Mo. Yr.	Circle highest school year completed 1 2 3 4 5 6 7 8 9 10 11 12
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Did you either graduate from high school or pass the High School Equivalency Test? Yes No

Education Beyond High School College or University Graduate or Professional Other Education, Internship, etc.	Name and Location	Attended				Circle Number Yrs. Completed	Credit Hrs.	Did You Graduate	Degree or Diploma & Yr. Rec'd.	Major Subject
		From		To						
		Mo.	Yr.	Mo.	Yr.					

List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance.

List typing and shorthand skills, machines you can operate, and other skills in which you are proficient.

If the position applied for calls for specific courses, indicate courses and credits received.

EMPLOYMENT RECORD - Answer questions for each period of employment. Include previous employment with The City of Camden, military service and related volunteer work. Failure to give complete information may result in rejection of your application. Begin with your present or last position. If more space is needed, use a continuation sheet.

A. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed	Name and title of supervisor _____			No. of employees supervised by you _____
Date separated	Employer _____	Address _____		
Full-time	Yrs.	Months	Duties _____	
Part-time	Yrs.	Months		
If part-time, number of hours worked per week	Reason for leaving _____			

B. Title of next to last position _____ Starting salary _____ Last salary _____

Date employed	Name and title of supervisor _____			No. of employees supervised by you _____
Date separated	Employer _____	Address _____		
Full-time	Yrs.	Months	Duties _____	
Part-time	Yrs.	Months		
If part-time, number of hours worked per week	Reason for leaving _____			

C. Title of the next position _____ Starting salary _____ Last salary _____

Date employed	Name and title of supervisor _____			No. of employees supervised by you _____
Date separated	Employer _____	Address _____		
Full-time	Yrs.	Months	Duties _____	
Part-time	Yrs.	Months		
If part-time, number of hours worked per week	Reason for leaving _____			

CERTIFICATE OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience, and that if employed, false statements on this application shall be sufficient cause for dismissal.

Applicant's Signature _____



City of Camden

South Carolina

1000 Lyttleton Street
Camden, South Carolina 29020
(803) 432-2421

(Date)

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY INFORMATION

Name of Individual: _____
Last First Middle / Maiden

Name of Employer Authorized to Request Information: _____ CITY OF CAMDEN

Social Security Number of Applicant: _____

Date of Birth: _____

Address of Applicant: _____

I, _____ am aware that my background is to be investigated for potential employment, and hereby authorize and request the release of any and all information which you have concerning me to the above employer, it's subsidiaries, or it's agents upon presentation of this release or copy hereof.

I hereby release any and all of the above and The City of Camden from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

(Signature)

(Date)

(Witness)

(Date)