

COMMISSION OF PUBLIC WORKS
TOWN OF SALUDA
P O BOX 686
SALUDA SC 29138

Phone# (864) 445-2090

APPLICATION FOR EMPLOYMENT

(Please print all information except signature)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon a successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 180 days.

Position Applied For: _____ Date of Application: _____

Date You Can Start: _____ Minimum Acceptable Salary: _____

PERSONAL INFORMATION

Name: _____
(Please Print) Last First Middle

Social Security Number _____ - _____ - _____

Present Address: _____
Street City State Zip

How long have you lived at the above address? _____

Date of Birth: _____

Telephone Number Home _____ Work _____

Are you a U.S. Citizen? _____ Yes _____ No

Are there any hours or days of the week you cannot work? _____

If so, when? _____

Are you employed now? _____ May we contact your present employer? _____

Have you ever applied to this Company before? _____ When? _____

Have you been convicted of or pled guilty to a crime other than a minor traffic violation within the last seven years? _____ Yes _____ No If yes, give date, place, charge and disposition: _____

Have you ever been bonded? _____ Yes _____ No If yes, give dates and places of employment: _____

Do you have a valid driver's license? _____ Yes _____ No
If yes, License No. _____ State _____ Expiration Date _____

Do you have a CDL driver's license? _____ Yes _____ No If no, would you be willing to obtain a CDL license if the job requires? _____ Yes _____ No

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 7 8

Do you have a High School Diploma or GED? _____ Yes _____ No

Name and Location of School	From - To (Mo./Yr.)	Graduated	Degree or Major
High School			

College

Technical/Trade

*****WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER*****

List any special courses or training you have had: _____

Are you certified or trained in a specific skill? Yes No

Certifications: _____

Clerical Skills: Typing _____ WPM Shorthand _____ WPM

List any other types of Office Equipment you can operate:

List any types of Heavy or Motor Driven Equipment you can operate:

MILITARY HISTORY

Branch of Service: _____

Dates: From _____ To _____

Rank on Entry: _____ Rank on Discharge: _____

List any specialized training you received: _____

EMPLOYMENT EXPERIENCE

Please list your work history beginning with your most recent position:

May we contact your present employer? Yes No

Name of Company: _____ Employed From: _____ To: _____

Address _____ City _____ State _____ Zip _____

Position Title: _____ Supervisor's Name: _____

Work Phone No. _____ Salary: \$ _____

Description of Duties: _____

Reason for Leaving: _____

Name of Company: _____ Employed From: _____ To: _____
Address _____ City _____ State _____ Zip _____
Position Title: _____ Supervisor's Name: _____
Work Phone No. _____ Salary: \$ _____
Description of Duties: _____

Reason for Leaving: _____

Name of Company: _____ Employed From: _____ To: _____
Address _____ City _____ State _____ Zip _____
Position Title: _____ Supervisor's Name: _____
Work Phone No. _____ Salary: \$ _____
Description of Duties: _____

Reason for Leaving: _____

Name of Company: _____ Employed From: _____ To: _____
Address _____ City _____ State _____ Zip _____
Position Title: _____ Supervisor's Name: _____
Work Phone No. _____ Salary: \$ _____
Description of Duties: _____

Reason for Leaving: _____

REFERENCES

List three references who are not relatives or previous employers.

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

*****WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER*****

APPLICANTS' CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability which might result from making the investigation.

2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

3. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours, and working conditions as deemed necessary. **I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT WITH THIS ORGANIZATION WOULD BE AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS COMPANY.**

4. I understand that, if I receive a conditional job offer and prior to beginning employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment, I certify that I understand all parts of it and have answered all questions completely and fully.

Signature

Date

FOR EMPLOYER USE ONLY

Interviewed by: _____ Date _____
Hired: Yes No Starting Date: _____
Position: _____ Salary: _____

NOTICE TO APPLICANTS

The Commission of Public Works of Saluda, SC

Alcohol & Drug Testing Policy

Due to the health and safety risks of alcohol & drug abuse, applicants tentatively selected for employment, by the Commission of Public Works of Saluda, SC, Department of Transportation (DOT) or safety-sensitive positions will be required to undergo a drug test. A positive test result, indicating illegal 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. All DOT regulated positions are subject to on-going testing during employment with the Commission of Public Works of Saluda, SC.

I understand and agree to the above testing requirements.

Applicant Signature

____/____/_____
Date