

APPLICATION FOR EMPLOYMENT
(Please Print or Type)

The City of Abbeville is an Equal Opportunity Employer and as such will recruit and hire employees without regard to race, color, religion, sex, national origin, age, disability, or military status.

EMPLOYMENT IS CONDITIONED UPON THE APPLICANT'S SUCCESSFUL COMPLETION OF A POST-OFFER MEDICAL EXAMINATION AND DRUG SCREENING.

PERSONAL

Name (Last, First, Middle)	Social Security Number		
Email Address	Home Phone	Mobile Phone	
Address	City	State	Zip

POSITION YOU ARE APPLYING FOR: _____

Do you have relatives employed by the City of Abbeville? _____ If yes name(s):: _____

Do you have a valid SC driver's license? _____ If yes, give license number and classification: _____

When can you begin work? _____ Will you work overtime if asked? _____

Have you ever been convicted or plead guilty to any crime other than a minor traffic violation? _____

If yes, explain:

A "yes" answer will not necessarily bar you from employment. The nature of the offense will be considered in relation to the job.

EDUCATION / SKILLS

Name and Location of School	Course of Study	Years of Study	Did you graduate?	Degree or Diploma
High School				
College				
Other				

If you possess a GED High School Equivalency Certificate, give date acquired: _____

Special Training or Skills (machines, languages, etc.)

Memberships in Professional or Civic Organizations:

VETERANS: Complete this section and attach form DD214 if you served in the armed forces.

Period of Active Duty: From _____ To _____ Branch _____

Date of Discharge _____ Rank at Time of Discharge _____

THIS IS NOT A CONTRACT OF EMPLOYMENT. EMPLOYMENT REMAINS AT-WILL AND MAY BE TERMINATED BY EITHER PARTY AT ANY TIME, WITH OR WITHOUT NOTICE OR REASON.

EMPLOYMENT HISTORY

Start with most recent position and work back; give specific information about each position. Use separate block for each position, even if it is the same employer. Use additional sheet is necessary. A resume may be attached to the application but may not be substituted for this section.

Company Name	Telephone
Address	Employed (month and year) From _____ To _____
Name of Supervisor	Salary
Job Title	Reason for Leaving
Duties	May we contact?

Company Name	Telephone
Address	Employed (month and year) From _____ To _____
Name of Supervisor	Salary
Job Title	Reason for Leaving
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Company Name	Telephone
Address	Employed (month and year) From _____ To _____
Name of Supervisor	Salary
Job Title	Reason for Leaving
Duties	May we contact?

JOB RELATED REFERENCES: Three references are mandatory.

Name	Address	Telephone

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

1. **As an applicant for employment with the City of Abbeville, I have furnished information for use in determining my qualifications for employment. By submitting this application, I hereby authorize the City of Abbeville to conduct a thorough background investigation and to further support the statements contained herein.**
2. I hereby release the City of Abbeville, current and past employers, and references named herein (or in accompanying resume), from liability or damage resulting from providing the information requested.
3. I agree to submit to a pre-employment drug screening. The results of such analysis may be grounds for disqualifying me or terminating my employment.
4. I agree to have a physical examination (City paid) as required for my position and understand that any offer of employment is contingent upon my passing this physical examination.
5. I understand and agree that, if employed, I will be an employee "at-will" and will have the right to terminate my employment at any time, with or without notice and with or without cause, and that the City of Abbeville shall have the same right.
6. If employed, I agree to abide by all present and subsequently issued personnel procedures of the City of Abbeville.
7. I understand the essential job functions of the position for which I am applying.
8. I understand that if hired, I must meet the eligibility verification requirements of U.S. Immigration and Customs Enforcement (ICE) and submit appropriate documentation to satisfy the requirements of completing ICE Form I-9. (Most commonly used forms of identification are (1) a Social Security Card and driver's license, or (2) a passport.)
9. **I affirm that all statements on this form are true and accurate to the best of my knowledge and understand that any misrepresentation or omission of facts may result in my being disqualified from further consideration or discharged should I already be employed by the City.**

My signature conveys that I have read, understand, and agree to all the statements listed above.

Signature: _____

Date: _____

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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION
THIS FORM TO BE COMPLETED AND SIGNED BY JOB APPLICANT

IN CONNECTION WITH, AND DURATION OF MY EMPLOYMENT (INCLUDING CONTRACT FOR SERVICES) WITH YOU, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRES ARE TO BE MADE ON MYSELF THAT MAY INCLUDE CONSUMER, CRIMINAL, DRIVING, ACADEMIC AND OTHER REPORTS. THESE REPORTS WILL INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE AND EXPERIENCE.

FURTHER, I UNDERSTAND THAT YOU MAY BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACADEMIC, EMPLOYMENT (including WORKER'S COMPENSATION CLAIMS), DRIVING, CREDIT, CRIMINAL, AND CIVIL HISTORIES AND OTHER EXPERIENCES.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER OR ITS AGENT, INFO QUEST, INC. TO FURNISH THE ABOVE INFORMATION:

APPLICANT'S SIGNATURE _____ DATE _____

PRINT FULL NAME _____

PREVIOUS LAST NAMES _____

SOC. SEC. NO. _____ - _____ - _____ DATE OF BIRTH _____

(DOB IS REQUESTED TO INSURE ACCURATE RETRIEVAL OF RECORDS.)

CITY AND STATE OF BIRTH _____

DRIVER'S LICENSE NO. _____ STATE OF ISSUE _____

CURRENT ADDRESS

CITY, STATE, ZIP _____

PREVIOUS ADDRESS IF AT ABOVE FOR LESS THAN ONE YEAR:

CITY, STATE, ZIP _____

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PROSPECTIVE EMPLOYER: City of Abbeville, S.C.

REQUESTOR: Office of Human Resources

RETURN FAX 843-233-9676/800-588-1152 OR EMAIL infoquest@securerescreening.info

INFO QUEST, INC.

Toll Free 800-507-9628/ Fax 800-588-1152

P.O. Box 15521, Surfside Beach, SC 29587

www.In-foquest.com