

Please print or type.

Number of attachments _____

Position number _____

City of Clinton, South Carolina

An Equal Opportunity Employer

Application for Employment



CLINTON
South Carolina

Employees of the City of Clinton and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting the Risk Management and Human Resources Division within the Office of the City Manager.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE APPLICANT AND THE CITY OF CLINTON. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE CITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

****REASONABLE ACCOMODATIONS MAY BE AVAILABLE TO DISABLED APPLICANTS AND EMPLOYEES UNDER THE ADA/ADAA, IF GIVEN NOTICE BY THE APPLICANT OR EMPLOYEE.****

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR CITY EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM NOT OTHERWISE LISTED AS OPTIONAL. APPLICATIONS ARE ACCEPTED ONLY FOR VACANCIES THAT EXSIST AND HAVE BEEN POSTED IN LOCAL NEWSPAPERS AND/OR ON THE CITY OF CLINTON WEBSITE, OTHERWISE APPLICATIONS WILL NOT BE ACCEPTED OR CONSIDERED.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- **TURN THE APPLICATION IN AT THE M.S. BAILEY MUNICIPAL CENTER – 211 NORTH BROAD ST, CLINTON, SC; OR MAIL USPS, FAX, OR EMAIL AS NOTED BELOW.**
- COMPLETE THE APPLICATION IN INK OR PRINT ON COMPUTER. DO NOT USE A PENCIL.
- APPLY FOR ONE SPECIFIC VACANCY PER APPLICATION. RESUMES MAY BE SUBMITTED WITH AN APPLICATION, BUT NOT IN LEIU OF THE APPLICATION.
- GIVE COMPLETE INFORMATION THROUGHOUT THE APPLICATION. PROVIDE ONLY THE INFORMATION REQUESTED. **“SEE RESUME” IS NOT ACCEPTABLE. INCOMPLETE APPLICATIONS OR APPLICATIONS WHERE THE INSTRUCTIONS ARE NOT FOLLOWED WILL NOT BE ACCEPTED.**
- SEPARATELY LIST EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN CITY GOVERNMENT. THE CITY OF CLINTON WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

IF YOU WILL NEED REASONABLE ACCOMMODATIONS TO PARTICIPATE IN THE SELECTION PROCEDURES (E.G., INTERVIEW, WRITTEN TESTS, OR JOB DEMONSTRATION), THEN PLEASE CONTACT THE DIVISION OF RISK MANAGEMENT AND HUMAN RESOURCES IN THE OFFICE OF THE CITY MANAGER.

Mailing Address: Division of Risk Management & Human Resources
Office of the City Manager
PO Box 748
Clinton, SC 29325-0748

Physical Address for
Non-Postal Delivery:

Division of Risk Management & Human Resources
Office of the City Manager
211 North Broad Street Suite A
Clinton, SC 29325

Email: rjentrekin@cityofclintonsc.com

Phone: (864) 200-4508 Fax: (864) 642-4870

Website: www.cityofclintonsc.com

Please print or type.

Number of attachments _____

Position number _____

City of Clinton, South Carolina

An Equal Opportunity/Affirmative Action Employer

Application for Employment



CLINTON
South Carolina

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I. POSITION APPLYING FOR:

Position applied for _____ Department or Office _____
(one per application)

II. CONTACT INFORMATION:

Full legal name _____ Maiden Name _____
Last First Middle
Mailing Address _____ Email Address _____
Address _____
City State Zip
Home Phone () Alternate Phone () Notification Preference Mail Email

III. OTHER PERSONAL INFORMATION

Do you possess a valid driver's license? Yes No If Yes, provide State and Number: _____
Expiration Date: _____ Class (Check One) A B C D E F M G CDL
Are you willing to relocate? Yes No Can you, after employment, submit proof of your legal right to work in the United States? Yes No
What type of job are you looking for? Full Time Part Time Temporary Internship Part Time Fire Fighter
What types of work will you accept? Full Time Part Time
What shifts are you available for work? Day Evening Night Rotating On Call (As Needed)
Are you at least 18 years of age? Yes No Are you at least 21 years of age? Yes No (Public Safety Dept. Applicants Only)

IV. EDUCATION

Are you a high school graduate? Yes No Highest Grade Completed _____ Year Completed _____
If you did not complete high school, do you have a high school equivalency diploma? Yes No Date Received _____
Check number of years of post high school education 1 2 3 4 5 6 7

Starting with High School, provide complete information on all schools attended. Include any special courses or training school	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected and completion date: _____

V. EXPERIENCE

Starting with the most recent, describe *ALL* paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. **A resume may not be substituted for this section. However, a resume may be attached upon full completion of the application.**

You may list significantly different jobs within the same organization as separate items. **May we contact your present supervisor?**

Yes No

1. Job Title _____		Duties: _____	
Employer _____		_____	
Address _____		_____	
_____ Phone _____		_____	
Type of business _____		_____	
Immediate supervisor _____		_____	
Title _____		Number and titles of employees you supervised _____	
Salary (start) _____ (finish) _____		Equipment used _____	
Dates (mo/yr) _____ to (mo/yr) _____		Reason for leaving _____	
Full-time	Part-time	Hours/week	Your name if different from present _____

2. Job Title _____		Duties: _____	
Employer _____		_____	
Address _____		_____	
_____ Phone _____		_____	
Type of business _____		_____	
Immediate supervisor _____		_____	
Title _____		Number and titles of employees you supervised _____	
Salary (start) _____ (finish) _____		Equipment used _____	
Dates (mo/yr) _____ to (mo/yr) _____		Reason for leaving _____	
Full-time	Part-time	Hours/week	Your name if different from present _____

3. Job Title _____		Duties: _____	
Employer _____		_____	
Address _____		_____	
_____ Phone _____		_____	
Type of business _____		_____	
Immediate supervisor _____		_____	
Title _____		Number and titles of employees you supervised _____	
Salary (start) _____ (finish) _____		Equipment used _____	
Dates (mo/yr) _____ to (mo/yr) _____		Reason for leaving _____	
Full-time	Part-time	Hours/week	Your name if different from present _____

4. Job Title _____		Duties: _____	
Employer _____		_____	
Address _____		_____	
_____ Phone _____		_____	
Type of business _____		_____	
Immediate supervisor _____		_____	
Title _____		Number and titles of employees you supervised _____	
Salary (start) _____ (finish) _____		Equipment used _____	
Dates (mo/yr) _____ to (mo/yr) _____		Reason for leaving _____	
Full-time	Part-time	Hours/week	Your name if different from present _____

5. Job Title _____		Duties: _____	
Employer _____		_____	
Address _____		_____	
_____ Phone _____		_____	
Type of business _____		_____	
Immediate supervisor _____		_____	
Title _____		Number and titles of employees you supervised _____	
Salary (start) _____ (finish) _____		Equipment used _____	
Dates (mo/yr) _____ to (mo/yr) _____		Reason for leaving _____	
Full-time	Part-time	Hours/week	Your name if different from present _____

VI. ADDITIONAL INFORMATION

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

Licenses, certificates, or other authorization to practice a trade or profession.

Table with 3 columns: Type, License Number, Granted by (licensing board)

VII. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Table with 4 columns: Name, Address, Phone, Relationship

VIII. ADDITIONAL INFORMATION

Have you ever been convicted, pled no contest, or have any charges pending against you for any violation(s) of law, including moving traffic violations?

Yes No. If YES, please provide the following:

Table with 4 columns: Charges, Location, Date, Disposition / Status

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction will be evaluated individually in consideration of the position you are applying.

Do you have any relatives employed with the city of Clinton? Yes No. If YES, please provide the name and relationship of the relative:

Have you ever been discharged or forced to resign from any job? Yes No. If YES, please explain below:

IX. CONSENT TO CONDUCT CERTAIN BACKGROUND CHECKS

By providing the information below and by my signature, I consent to allow authorized officers, agents, and employees of the City of Clinton, South Carolina to conduct certain background checks to include, but not limited to, law enforcement, a criminal records check, a credit check, a driving records check and other background investigations as applicable.

Date of Birth: Social Security Number:

Date Applicant Signature

X. CERTIFICATIONS - All applications must be signed to be considered

AUTHORITY TO RELEASE INFORMATION—By my signature, I consent to the release of information that may be lawful obtained to authorized officers, agents, and employees of the City of Clinton, South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service records; law enforcement records; and any personnel record deemed necessary.

Date Applicant Signature

CERTIFICATION OF APPLICANT—By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentations, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment.

Date Applicant Signature



ALL APPLICANT'S MUST COMPLETE THE FOLLOWING SECTIONS OF THIS REPORTING FORM

NAME: (Print Last Name) (Print First Name) MI S.S. #: - - - - -

How did you FIRST hear about this position? CHECK OR X ONE of the following

Grid of 11 options for where applicant heard about the position, including City's Job Posting, Internet, Newspaper, etc.

NOTE: The information requested ABOVE is needed to analyze and assure compliance with Federal Equal Employment Opportunity laws, as well as meet the reporting requirements of those laws. YOUR SIGNATURE IS REQUIRED (SEE BELOW).

EQUAL EMPLOYMENT OPPORTUNITY REPORTING AND RESEARCH FORM - SEE **NOTE BELOW BEFORE COMPLETING THE FOLLOWING SECTIONS

THIS FORM IS RETAINED IN THE HR/EMPLOYMENT OFFICE FOR RECORD KEEPING PURPOSES ONLY.

SEX (Check or X One): MALE FEMALE DATE OF BIRTH: - - - - -

POLICE OFFICER APPLICANTS ONLY: Are you 21 Years of age or older? Yes No N/A All applicants: Are you 18 years of age or older? Yes No

ETHNIC GROUP (Check or X One of the following):

Table with 2 columns and 4 rows for ethnic groups: Caucasian (White) Non-Hispanic (W), African-American (Black) Non-Hispanic (B), Hispanic (H), Asian or Pacific Islander (AP), American Indian or Alaskan Native (AI), Other.

MISCELLANEOUS: Identify any REASONABLE ACCOMMODATIONS that would be needed to perform the essential functions of the position(s) for which you are applying:

**NOTE: The information requested in the EEOC Reporting and Research Form regarding race, color, sex, age, national origin, disability status and reasonable accommodation, for qualified individuals with disabilities, is needed to analyze and assure compliance with Federal Equal Employment Opportunity laws, as well as meet the reporting requirements of those laws. Your cooperation in providing this information is important to the success of our equal employment opportunity and affirmative action programs.

This EEO Reporting and Research Form will be retained in the Human Resources Office with your original application and will not be sent to the hiring authority. The information contained in this form will not be used in the hiring or interviewing process and will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information will not subject you to adverse treatment.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT.

(APPLICANT'S SIGNATURE - IN INK)

Today's Date

THIS PAGE REMAINS IN HUMAN RESROUCES OFFICE ONLY

DO NOT COPY

DO NOT SEND THIS PAGE WITH APPLICATION TO DEPARTMENT DIRECTOR