

- A. Minimum Salary _____ hr. / wkly. / mo. / yr.
- B. What hours are you available for work? From _____ To _____
- C. If necessary, will you work overtime? _____ yes _____ no
- D. If necessary, will you work shifts? _____ yes _____

E. Have you ever been convicted of a felony? _____ yes _____ no

Conviction of a crime will not be an absolute bar to employment.

EMPLOYMENT HISTORY

- A. Are you presently employed? _____ yes _____ no
- B. Have you ever been discharged or forced to resign from any position? _____ yes _____ no

If yes, please explain _____

- C. Read **carefully** before completing the remainder of this section. It is important that this section be completed in detail if your experience is to be fairly evaluated.
1. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
 2. List all employment including military service, part-time and self-employment. Include all periods of unemployment except those during which you were a full-time student at an academic or technical institution.
 3. A resume may not be substituted for this section. However, a resume may be attached upon full completion of this application.
 4. Start with most recent position and work back to first position you held.
 5. If space is too limited for listing all employment record, you may use additional sheet(s) of paper following the same format used below. Sign your name and attach to this application.

1. Current or Most Recent Position

Position Title _____

Employer's Name & Address _____

May we contact: _____ yes _____ no Supervisor's Name _____

Dates employed in this position: From: _____ mo/ _____ yr To: _____ mo/ _____ yr

Name on employment records if different from present name: _____

Description of specific duties: _____

2. **Next Most Recent Position**

Position Title _____

Employer's Name & Address _____

May we contact: _____ yes _____ no Supervisor's Name _____

Dates employed in this position: From: _____ mo/ _____ yr To: _____ mo/ _____ yr

Name on employment records if different from present name: _____

Description of specific duties: _____

Reason for leaving: _____

3. **Next Most Recent Position**

Position Title _____

Employer's Name & Address _____

May we contact: _____ yes _____ no Supervisor's Name _____

Dates employed in this position: From: _____ mo/ _____ yr To: _____ mo/ _____ yr

Name on employment records if different from present name: _____

Description of specific duties: _____

Reason for leaving: _____

ADDITIONAL COMMENTS: Use this space to add comments or information which would help us to evaluate your application. Include any volunteer experience related to the positions for which you are applying.

REFERENCES: List three (3) references. Do not include current or past employers, relatives or past/present employees of the City of Bennettsville. Provide full name, address, and phone number.

NAME

ADDRESS

PHONE NUMBER

Please read the following statements carefully and sign

- The City of Bennettsville is and Equal Opportunity Employer and as such will recruit and hire employees without regard to race, religion, color, political affiliation, physical disability, national origin, sex or age except when physical condition is a bonafide qualification.
- This application must be filled out in detail. Failure to complete all sections or to sign this form may result in its being returned for completion, causing delay or possible disqualification.
- This application will remain active to six (6) months from the date submitted.
- I understand and agree that acceptance of this application in no way obligates the City of Bennettsville to employ me or that there are any positions available.
- As an applicant for employment with the City of Bennettsville, I have furnished information for use in determining my qualification for employment. I hereby authorize the City of Bennettsville to conduct a thorough background investigation to further support the statements contained herein.
- I hereby release the City of Bennettsville, current and past employers and reference named herein, from liability or damage resulting from providing information requested.
- If I request herein that my present employer not be contacted, an offer of employment will be conditioned upon acceptable information and verification from such employer prior to beginning work.
- I understand, if and after a job offer is made, I must submit to a physical examination (City paid) and to answer truthfully such questions as the City may deem necessary.
- I understand and agree that if employed, I shall have the right to terminate my employment at any time, with or without notice and with or without cause and the City shall have the same right.
- If employed, I agree to abide by all present and subsequently issued personnel policies and rules of the City.
- I hereby affirm that all statements made herein are true and correct to the best of my knowledge and understand that any misrepresentation my result in my being disqualified from further consideration or being terminated should I already be employed by the City of Bennettsville. My signature conveys that I have read, understand and agree to all the statement listed above.

Signature _____

Date _____

City of Bennettsville
Human Resources Department
P.O. Box 1036
Bennettsville, SC 29512
843-479-9001 Phone
843-479-1595 Fax

Visit Our Website for Job Openings At
www.BennettsvilleSC.com

Applications can be returned by mail, hand delivered or
emailed to cob_hr@bennettsville.sc