



Application for Employment

City of Easley

P.O. Box 466

Easley, SC 29641

Human Resource Department

Your interest in employment with the City of Easley is appreciated, and you will be contacted by phone should an interview be appropriate. This application will remain active for six (6) months.

Personal Information

Today's Date _____

NAME _____
 (LAST NAME) (FIRST NAME) (MIDDLE NAME)

HOME PHONE _____ WORK PHONE _____ OTHER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Position applied for: _____

Would you accept full-time work? ____ Yes ____ No Would you accept part-time work? ____ Yes ____ No

Have you worked for the City of Easley before? ____ Yes ____ No Dates _____

Are you a citizen of the United States? ____ Yes ____ No

Are you an alien lawfully authorized to work in the United States? ____ Yes ____ No

Special training or skills (machine operation, etc.) that would benefit you in the job for which you are applying:

Education

HIGHEST GRADE COMPLETED	HIGH SCHOOL EQUIVALENCY TEST/GED	COLLEGE
Grade School High School	Date Institution State Awarded	Indicate Number of Credit Hours Received Semester Hrs. Quarter Hrs.

NAME AND LOCATION OF SCHOOL	GRADUATE	DEGREE	MAJOR
	YES__ NO__		
	YES__ NO__		
	YES__ NO__		
	YES__ NO__		

Work History

In the space provided below, give your employment history beginning with your PRESENT or most recent employer and list all positions held, including military, part-time, summer, and volunteer work. Details on any period of unemployment must be included. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS USING THE SAME FORMAT. A personal resume CANNOT be substituted for this application; however, you may attach a resume as a supplement. You must complete ALL parts of the employment application in order for your application to be considered complete.

Name and business address of employer:

Date of employment from _____ to _____

Month/Day/Year

Part time:

or Full time:

Number of hours worked per week:

Beginning salary \$

Present or last salary \$

Name and title of supervisor:

Phone number

Description of duties and responsibilities:

Reason for leaving:

May we contact this employer?

Yes

No

Name and business address of employer:

Date of employment from _____ to _____

Month/Day/Year

Title of position:

Part time:

or Full time:

Number of hours worked per week:

Beginning salary \$

Present or last salary \$

Name and title of supervisor:

Phone number

Description of duties and responsibilities:

Reason for leaving:

May we contact this employer?

Yes

No

Name and business address of employer:

Date of employment from _____ to _____

Month/Day/Year

Title of position:

Part time:

or Full time:

Number of hours worked per week:

Beginning salary \$

Present or last salary \$

Name and title of supervisor:

Phone number

Description of duties and responsibilities:

Reason for leaving:

May we contact this employer?

Yes

No

Additional Information

Answer the following questions by placing an "x" in the proper column.	YES	NO
Have you ever been employed by the City of Easley?	<input type="checkbox"/>	<input type="checkbox"/>
Are you related by blood or marriage to any person now employed by the City of Easley? If "yes", give name and relationship and the Department in which the relative works.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony? Note: A "yes" response does not automatically disqualify you from Employment. The date and nature of the offense and the type of job for which you are applying will be considered. If "yes", please give complete details.	<input type="checkbox"/>	<input type="checkbox"/>
If you are applying for a position that requires a driver's license, are you licensed by the State of South Carolina to operate a vehicle? License No. _____ Class _____ CDL _____ Class _____	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY:

DECLARATION OF APPLICATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions and that the information I have provided in this application for employment, including application inserts and resume, is subject to verification by the City of Easley. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. I hereby release former employers from all liability for divulging such information. I agree to submit to pre-employment drug testing. I understand that testing positive for use of an illegal drug, abuse of a legal drug, use of an un-prescribed legal drug, refusal to take the test, or failure to keep the scheduled appointment for the test will generally result in denial of employment with the City of Easley.

DATE: _____ APPLICANT SIGNATURE: _____

SUPPLEMENT TO CITY OF EASLEY EMPLOYMENT APPLICATION Applicant Data Record

Qualified applicants are considered for all positions and are treated without discrimination as to race, sex, color, creed, age, disability, sexual orientation, or national origin. The information requested below is needed for reporting purposes and internal personnel research. **All responses are completely voluntary and will be used for statistical purposes only. The information will not be used in the employment process and will not become a part of your application.**

Sex: _____ Male _____ Female

Date of Birth _____

Ethnic Background (Check One)

- ____ American Indian/Alaskan Native
- ____ Asian American/Pacific Islander
- ____ Black
- ____ Hispanic
- ____ Caucasian/White
- ____ Other

SUPPLEMENTAL APPLICATION FOR EASLEY POLICE/DISPATCH

Applicant's Name _____ Date of Birth _____

List three (3) companies with whom you have had credit (if any) within the past three years.

Company Name	Address	Telephone Number
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Company Name	Address	Telephone Number
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Company Name	Address	Telephone Number
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Spouse's Name: _____ Date of Birth _____

Driver's License # _____ State _____ Social Security # _____

Applicant's Father _____ Date of Birth _____

Address _____ Telephone # _____

Applicant's Mother _____ Date of Birth _____

Address/Telephone (if different from father's) _____

In the space below, state the reasons you want to be an Easley Police Officer and what personal traits you believe are necessary to be a good police officer.
