

# Application for Employment

**City of Liberty**  
**P.O. Box 716**  
**206 W Front St**  
**Liberty, SC 29657**

Your interest in employment with the City of Liberty 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 \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Position applied for: \_\_\_\_\_

Would you accept full-time work? \_\_\_\_ Yes \_\_\_\_ No      Would you accept part-time work? \_\_\_\_ Yes \_\_\_\_ No

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 State Awarded Institution	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 Liberty?	<input type="checkbox"/>	<input type="checkbox"/>
Are you related by blood or marriage to any person now employed by the City of Liberty? 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 Liberty. 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 Liberty.

DATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

**SUPPLEMENT TO CITY OF LIBERTY 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