Application for Employment City of Liberty P.O. Box 716 119 W. Front St. Liberty, S.C. 29657

Personal Information

Today's Date					
Name					
(Last)		(First)		(Middle	e)
Home Phone	Cell	Phone		Email	
Home Address					
City	Stat	e		Zip	
Position applied for:					
Would you accept fu	ll-time work?Y	Yes No Wo	ould you ac	cept part-time work?	Yes No
Are you a citizen of the Unite	ed States? Yes _	No			
Are you an alien lawfully aut	horized to work in t	the United States	? Yes _	No	
Education					
HIGHEST GRADE		IGH SCHOOL EQUIVALENCY		COLLEGE	
COMPLETED Grade School:		TEST/GED		Indicate the Number	of Credit Hours Received
Grade School.	Date	State Awarded	a	Semester Hrs.	Quarter Hrs.
High School:	Institution				
NAME AND LOCATIO	N OF SCHOOL	GRADUATE	DEGRE	E	MAJOR

NAME AND LOCATION OF SCHOOL	GRADUATE	DEGREE	MAJOR

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 for your application to be considered complete.

Name of employer:		
Address of employer:		
	State:	
Date of employment:	Title of Position:	
Part-time: Full-time	Number of hours worked per week: _	
Beginning salary:	Present or last salary:	
Name and title of supervisor	:	
Description of duties and res	(Name) ponsibilities:	(Title)
Reason for leaving:		
	State	
	State:	
	Number of hours worked per week:	
	Present or last salary:	
Name and title of supervisor		
Description of duties and res	(Name)	(Title)
Reason for leaving:	2 Vac Na	
May we contact this employe	er? 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?						
Are you related by blood or marriage to anyone now employed by the City of Liberty? If "yes." Give the name and relationship and the Department in which the relative works.						
Name: Department:						
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.						
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?						
Are you active in the United State military or a veteran?						
PLEASE READ THE FOLLOWING STATEMENT CAREFULLY: DECLARATION OF APPLICATION						
I, at this moment, 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 employment application, including application inserts and résumé, is subject to verification by the City of Liberty. I know that should an investigation disclose any misrepresentation, omission, or falsification, my application may be rejected, or my employment may be terminated if I am already employed. I, at this moment, 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: ____