



CITY OF LIBERTY APPLICATION FOR EMPLOYMENT

CONTACT INFORMATION

Last Name: _____ Middle Initial: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip code: _____
Email Address: _____ Phone Number _____

PERSONAL INFORMATION

I have my DOT certification: Yes No Expiration Date: _____
I have a Driver's License: Yes No Driver's License Number: _____
Issue Date: _____ Expiration Date: _____ Class: _____
Gender: _____ Birthdate: _____
Social Security Number: _____ - _____ - _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

(An answer of "yes" does not necessarily disqualify you from employment, but an explanation should be given.)

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: _____

PREFERENCES

What is your minimum compensation requirement? _____ / hour

Are you willing to be on call if this is a requirement of the position you applied for? Yes No

Are you willing to work overtime? Yes No



WORK EXPERIENCE (3)

Company/Agency _____

Address: _____ Phone: _____

Position: _____ Hours/Week: _____

Monthly Salary: _____ Employees Supervised: _____

Dates on employment: _____ - _____ Supervisor Name : _____

Reason for Leaving: _____

May we contact this employer? YES NO

Duties Summary: _____

Company/Agency _____

Address: _____ Phone: _____

Position: _____ Hours/Week: _____

Monthly Salary: _____ Employees Supervised: _____

Dates on employment: _____ - _____ Supervisor Name : _____

Reason for Leaving: _____

May we contact this employer? YES NO

Duties Summary: _____

Company/Agency _____

Address: _____ Phone: _____

Position: _____ Hours/Week: _____

Monthly Salary: _____ Employees Supervised: _____

Dates on employment: _____ - _____ Supervisor Name : _____

Reason for Leaving: _____

May we contact this employer? YES NO



Duties Summary: _____

EDUCATION

School name: _____

Type: High School College/University Graduate School Professional

City: _____ State: _____ Did you Graduate? YES NO

Major/Minor: _____

Degree: _____ Start Date: _____ End Date: _____

School name: _____

Type: High School College/University Graduate School Professional

City: _____ State: _____ Did you Graduate? YES NO

Major/Minor: _____

Degree: _____ Start Date: _____ End Date: _____

ADDITIONAL INFORMATION

Certificates, Licenses or special training that would benefit you in the job for which you are applying:

Skills, languages, or any supplemental information you feel we should know about:



REFERENCES

Professional References (Please list three professional references we may contact.)

Name: _____ Title: _____ Phone: _____

Email: _____ How long have you known this reference?: _____

Name: _____ Title: _____ Phone: _____

Email: _____ How long have you known this reference?: _____

Name: _____ Title: _____ Phone: _____

Email: _____ How long have you known this reference?: _____

Personal References (Please list two personal references we may contact.)

Name: _____ Phone: _____ Email: _____

How long have you known this reference?: _____

Name: _____ Phone: _____ Email: _____

How long have you known this reference?: _____

Do you authorize the City of Liberty, South Carolina to contact references and former employers and to request any public records of former employees or schools about me in considering this application for employment. I, also, authorize the City of Clemson to conduct a drug screening should I receive an offer of employment for a City position. The use or acceptance of this form does not indicate any positions are available and in no way obligates the City of Clemson to offer employment.

No



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. I understand 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 acknowledge that if an investigation discloses any misrepresentation, omission, or falsification, my application may be rejected, or my employment may be terminated if I am already employed. I hereby release former employers from all liability for providing such information. I agree to submit to pre-employment drug testing and understand that testing positive for an illegal drug, abuse of a legal drug, use of an unprescribed 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:** _____

**If you have a resume, cover letter, letters of recommendation etc,
please include when turning in your application.**