



Application for Employment

Completed applications should be printed and signed.

City of Conway
PO Drawer 1075
Conway, SC 29528-1075

Name: _____
(last) (first) (middle)

Current Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____(home) _____(business) _____

Email Address: _____

SC Driver's License Number: _____ Expiration Date: _____

Who should we notify in case of emergency or accident?

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

List the types of positions for which you wish to apply:

Earnings Expected: \$_____ per _____

When could you begin work? _____

Check the types of employment you would accept: Temporary Permanent

EDUCATION

School Name Location	Dates Attended	Check Highest Year Completed	Did you graduate?	Degree- Major or Minor
Grade	From to	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		
High School	From to	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
College	From to	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Graduate Work/Apprentice	From to			
Business/Vocational	From to			

Use this space if additional room is needed for education information:



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Employment History- Begin with your present or most recent position.

Please include any military service and answer all questions in this section in detail.

1. Name and Address of Company: _____
Type of Business: _____
Starting Date: _____ Job Title: _____ Salary: _____
Present Position: _____ Salary: _____
Date of Termination (if applicable): _____
Reason for Leaving: _____
Name and Title of Immediate Supervisor: _____
Job Duties: _____

2. Name and Address of Company: _____
Type of Business: _____
Starting Date: _____ Job Title: _____ Salary: _____
Present Position: _____ Salary: _____
Date of Termination (if applicable): _____
Reason for Leaving: _____
Name and Title of Immediate Supervisor: _____
Job Duties: _____

3. Name and Address of Company: _____
Type of Business: _____
Starting Date: _____ Job Title: _____ Salary: _____
Present Position: _____ Salary: _____
Date of Termination (if applicable): _____
Reason for Leaving: _____
Name and Title of Immediate Supervisor: _____
Job Duties: _____



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You may use the space below and/or additional sheets to give any other information you desire concerning work experience, education, accomplishments, and special skills.
(Examples: typing, equipment operated, etc.)

List any professional organizations to which you belong and certificates or licenses you hold:

What are your main interests outside of work? How is your leisure time spent?

Have you ever been convicted, pled no contest, or forfeited bond for a crime other than a minor traffic violation? Yes No If yes, please give details below:

Date	Where convicted?	Nature of Charge	Disposition
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A conviction record will not necessarily preclude you from employment.

Have you ever been employed by the City of Conway? Yes No

If so, give dates and position held. _____

Are you related to anyone employed here? Yes No

If so, who and what is their relationship to you? _____



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List three references who are not relatives or previous supervisors:

Name	Occupation	Telephone Number
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Please read the following statement carefully and sign:

I hereby affirm that all statements made herein are true and correct. I authorize the City of Conway to conduct whatever investigation it deems necessary to confirm statements submitted on this application. If investigation determines any untrue statement was made, I accept this as sufficient grounds for refusal to hire or dismissal. I also authorize and request each former employer and person, firm, or corporation, given as reference, to answer any and all questions that may be asked and to give any and all information that may be sought in connection with this application concerning my work habits, character, or skill. I agree to submit myself, upon request, for physical examination by a physician selected by the City and understand that failure to meet the physical requirements may disqualify me for employment. In addition, I have reviewed Form I-9 (attached) and understand that if hired by the City of Conway, I must complete a Form I-9 within 3 business days of the date of hire. The use of this application form does not indicate that there are any positions available and in no way obligates the City.

Applicant's Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

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INTERVIEWER'S COMMENTS: