

*City of Lake City*  
 PO Box 1329  
 202 Kelley St., Lake City Adm. Building  
 Lake City, SC 29560  
 Phone: (843) 374-5421  
 Fax: (843) 374-5429



# Employment Application

(Please Print)

NAME \_\_\_\_\_

Last

First

Middle

SSN: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Other \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_

FULL TIME

PART TIME (30 HR/WK YR/RD)

TEMPORARY

When can you begin? \_\_\_\_\_

#### EDUCATION:

Last year of school completed: \_\_\_\_\_ Do you have a High School diploma or GED certificate? \_\_\_\_\_ yes \_\_\_\_\_ no

If you attend college OR trade school, please indicate:

SCHOOL \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_

DEGREE (MAJOR/MINOR) \_\_\_\_\_

List special skills: (i.e. computer software, certifications)

#### EMPLOYMENT HISTORY: (Begin with your present or most recent position. List ALL positions held for the past ten (10) years.)

1. EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER (S) \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WORK PERFORMED \_\_\_\_\_

2. EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER (S) \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WORK PERFORMED \_\_\_\_\_

3. EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER (S) \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WORK PERFORMED \_\_\_\_\_

4. EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER (S) \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

WORK PERFORMED \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

Have you ever worked for the City of Lake City? \_\_\_\_\_ If yes, Date(s) \_\_\_\_\_ Job \_\_\_\_\_

Do you have any of the following relatives working for our organization? (spouse, parents, parent-in-law, grandparents, brothers, sisters, children, aunts, uncles, brothers and sisters-in-law, nieces and nephews and grandchildren). If yes:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

Have you been convicted, pled no contest or not guilty of a crime other than a minor traffic violation? NOTE: Conviction is not necessarily a bar to employment. Circumstances surrounding the conviction and the job applied for will be considered.

CHARGE(S) \_\_\_\_\_

LOCATION \_\_\_\_\_

DISPOSITION \_\_\_\_\_

DATE \_\_\_\_\_

## **PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN**

### **SECTION A:**

It shall be the policy of the City of Lake City to select an applicant deemed most suitable to fill each position in the City's classification plan. Selection will be made on the basis of educational background, related work experience, and other work related factors. The City of Lake City is an "Equal Opportunity Employer."

It is further the policy of the City of Lake City to recruit, hire, train and promote employees and applicants without regard to race, religion, political affiliation, handicap or disability, national origin, Veteran's status, sex, or age.

The City of Lake City has designated the following (person or office) as the contact to coordinate efforts to comply with this requirement. Inquiries should be directed to.

NAME: City of Lake City  
OFFICE: Finance Department  
ADDRESS: PO Box 1329, 202 Kelley St., Lake City Administrative Building  
Lake City, SC 29560  
PHONE: (843) 374-5421 • FAX: (843) 374-5429  
HOURS: Monday-Friday, 8:30 am - 5:30 pm

### **SECTION B:**

I hereby affirm that all statements made herein are true and correct. I authorize the City of Lake City to conduct whatever investigation of my personal history it deems necessary. I understand that any false, misleading, or incomplete statement are 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 habit, character or skill.

**I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT ANY EMPLOYMENT RELATIONSHIP WITH THE CITY OF LAKE CITY IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE CITY MAY DISCHARGE EMPLOYEE AT ANY TIME FOR ANY OR NO REASON, WITH OR WITHOUT NOTICE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY A WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY THE CITY ADMINISTRATOR.**

The use of this application form does not indicate that there are any positions available and in no way obligates the City of Lake City.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_