CITY OF ROCK HILL
APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City) (State)	(Zip)	Other Telephone ( ) -
E-Mail Address	Are you legally entitled to work in the U.S.? ☐ Yes ☐ No		

POSITION

Position Applied For	Will Accept: ☐ Part-Time ☐ Full-Time ☐ Temporary	Shift: ☐ Day ☐ Swing ☐ Graveyard ☐ Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? ☐ Yes ☐ No		
Salary Desired	Date Available	

How did you learn about us?

Advertisement☐ Friend☐ Walk In☐ Employment Agency☐ Relative☐ Other_____

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? ☐ Yes ☐ No
If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned: Quarterly or Semester Hours	Credits Earned: Other (Specify)	Graduate	Degree	Major or Subject
	From / To			☐ Yes ☐ No		
	From / To			☐ Yes ☐ No		
	From / To			☐ Yes ☐ No		
	From / To			☐ Yes ☐ No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	**Telephone Number** ( ) -	**From (Month/Year)**
Address		
Job Title	**Number Employees Supervised**	**To (Month/Year)**
Specific Duties (Maximum 1000 characters)		**Hours Per Week**
		Last Salary
		Supervisor
Reason For Leaving	**May We Contact This Employer?** ☐ Yes ☐ No	
Employer	**Telephone Number** ( ) -	**From (Month/Year)**
Address		
Job Title	**Number Employees Supervised**	**To (Month/Year)**
Specific Duties (Maximum 1000 characters)		**Hours Per Week**
		Last Salary
		Supervisor
Reason For Leaving	**May We Contact This Employer?** ☐ Yes ☐ No	
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Specific Duties (Maximum 1000 characters)		**Hours Per Week**
		Last Salary
		Supervisor
Reason For Leaving	**May We Contact This Employer?** ☐ Yes ☐ No	

REFERENCES

1._____
Name **Phone #**

_____
Address

2. _____
Name **Phone #**

_____
Address

3. _____
Name **Phone #**

_____
Address

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant_____ **Date**_____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes☐ No☐ Employed Yes☐ No☐ Remarks _____

By_____
Job Title_____ Hourly/Salary Rate_____ Department_____ How Long_____

NOTES_____
