



# Application for Employment

Completed applications should be printed and signed.

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

Name: \_\_\_\_\_  
(last) (first) (middle)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (business)

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: \_\_\_\_\_

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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: \_\_\_\_\_

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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.)

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

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

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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: