

APPLICATION FOR

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

EMPLOYMENT

(PLEASE PRINT)

Position(s) Applied for: _____ Date of Application: _____

Type of Employment: _____ Full Time _____ Part-Time _____ Temporary

On what date would you be available for work? _____

How did you learn about us?

- Advertisement Friend Walk-in
 Employment Agency Relative Other: _____

Last Name			First Name		Middle Name
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

Are you 18 years of age or older? _____ Yes _____ No

Are you lawfully permitted to work in the United States? _____ Yes _____ No
(Proof of citizenship or immigration status will be required upon employment.)

Have you ever filed an application with us before? ____ Yes ____ No If yes, when? _____

Have you ever been employed with us before? ____ Yes ____ No If yes, when? _____

Are you related to any city employees? ____ Yes ____ No If yes, who and what is the relationship? _____

Have you ever been convicted, pled guilty or pled *nolo contendere* of or to a charge other than a minor traffic violation? _____ Yes _____ No If yes, please explain: _____

NOTE: Conviction will not necessarily disqualify an applicant from employment.

EDUCATION:

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

OTHER QUALIFICATIONS:

Describe any specialized training, apprenticeship, skills, and other qualifications.

Summarize special job-related skills and qualifications acquired from employment or other experience.

List professional, volunteer, trade, business or civic activities and office held.

You may exclude membership which would reveal gender, race religion, national origin, age, ancestry, disability, or other protected status:

EMPLOYMENT HISTORY. Start with your present or most recent job. Include any job-related military service assignments, self-employment, summer and part-time jobs. Also, include all periods of employment and explain all gaps in employment.

May we contact your present employer? _____ Yes _____ No

1. Company:	Address:	Telephone No.:
Date Employed: From _____ to _____	Hourly Rate /Salary Starting _____ Final _____	Supervisor
Your Duties:		
Reason for Leaving:		

2. Company:	Address:	Telephone No.:
Date Employed: From _____ to _____	Hourly Rate /Salary Starting _____ Final _____	Supervisor
Your Duties:		
Reason for Leaving:		

3. Company:	Address:	Telephone No.:
Date Employed: From _____ to _____	Hourly Rate /Salary Starting _____ Final _____	Supervisor
Your Duties:		
Reason for Leaving:		

4. Company:	Address:	Telephone No.:
Date Employed: From _____ to _____	Hourly Rate /Salary Starting _____ Final _____	Supervisor
Your Duties:		
Reason for Leaving:		

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

REFERENCES: Three individuals NOT related to you, whom you have known for at least one year.

NAME:	ADDRESS:	TELEPHONE NUMBER:	YEARS ACQUAINTED:
1.			
2.			
3.			

State any additional information you feel may be helpful to us in considering your application.

APPLICANT’S STATEMENT

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. I understand that false or misleading information may cause my application to be rejected.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT ANY EMPLOYMENT RELATIONSHIP WITH THE CITY IS OF AN “AT WILL” NATURE, WHICH MEANS THAT I MAY RESIGN AT ANY TIME AND THE CITY MAY DISCHARGE ME AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS “AT WILL” EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT, ORAL ASSURANCES, OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY THE CITY ADMINISTRATOR AND RATIFIED BY CITY COUNCIL.

Date

Applicant’s Signature

The City Administrator makes the final decision for authorizing hiring of a City Employee.



City of Gaffney

Post Office Box 2109, Gaffney, SC 29341

I understand that the pre-employment background check requires my full name, social security number, and date of birth. I authorize De Van & Associates to perform a background check and release those parties supplying such information from all liability or responsibility with respect to the information provided.

I certify that the entries made by me on this form are true, complete and accurate to the best of my knowledge and are made in good faith and voluntarily. I understand that any false statements or answers by me may disqualify me for consideration or will be sufficient grounds for termination. Moreover, I understand that failure to complete this form will preclude me from employment opportunities with the City of Gaffney.

Print Name

Date

Sign Name

Date of Birth

Social Security Number

Driver License Number

CITY OF GAFFNEY

In an attempt to ensure the City of Gaffney's continued commitment to equal employment opportunities, we would appreciate your taking a moment to complete the questionnaire below.

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. P.L. 90-2-2 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70.

Date: _____

Position applied for: _____

Race (circle one):

- | | |
|-------------|---------------------|
| 1. Asian | 2. African-American |
| 3. Hispanic | 4. Indian |
| 5. White | 6. Other |

Sex (circle one)

- | | |
|---------|-----------|
| 1. Male | 2. Female |
|---------|-----------|

In the City of Gaffney's effort to transition individuals from the welfare to work, please answer the following question:

Are you currently receiving Food Stamps and/or a Family Independence stipend?
(circle one)

- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

This information is requested for EEO and State of Human Resources reporting purposes only.

This page is detached before the application is evaluated or forwarded to the interviewer.

CONFIDENTIAL

Gaffney Police Department

Applicant Information

All applicants for the Gaffney Police Department must submit copies of the following information with the application. **(COPIES ONLY)**

For information and documentation purposes

BIRTH CERTIFICATE

HIGH SCHOOL DIPLOMA / GED

VALID SC DRIVER LICENSE

SOCIAL SECURITY CARD

Certified Officers need to include a copy of Certification Certificate.
And any other applicable certifications.

Applicants with military experience should submit copy of form DD-214

*****Applicants must complete and return*****

Application
Criminal history records inquiry authorization
Investigative checklist (top portion only)

GAFFNEY POLICE DEPARTMENT

**201 NORTH LIMESTONE STREET
GAFFNEY, SC 29341**

CRIMINAL HISTORY RECORDS INQUIRY AUTHORIZATION

I hereby give my consent to the Gaffney Police Department to complete a records check, and further request that all information concerning any arrest or conviction be furnished to the City of Gaffney to be used in the background investigation for possible employment.

Signature

LAST NAME FIRST MIDDLE

SS#

DATE OF BIRTH

**GAFFNEY POLICE DEPARTMENT
APPLICANT CHECK LIST**

LAST	FIRST	MIDDLE
/ /	/ /	/
S.S.#	DOB	DRIVER LIC# / STATE

BELOW AREA FOR OFFICAL USE ONLY

	YES	NO
1. BIRTH CERTIFICATE	_____	_____
2. HIGH SCHOOL DIPLOMA	_____	_____
3. DRIVER LICENSE	_____	_____
4. SOCIAL SECURITY CARD	_____	_____
5. APPLICATION	_____	_____

INVESTIGATIVE SUMMARY

	YES	NO
1. RECORDS CHECK	_____	_____
2. NCIC CHECK	_____	_____
3. DRIVERS HISTORY	_____	_____
4. CLERK OF COURT	_____	_____
5. CREDIT CHECK	_____	_____
6. POLYGRAPH	_____	_____

APPLICANT INVESTIGATION CONDUCTED BY: _____
DATE: _____

APPROVED: _____
DISAPPROVED : _____

CHIEF OF POLICE
GAFFNEY POLICE DEPARTMENT