



CITY OF NORTH AUGUSTA

100 Georgia Avenue
 Post Office Box 6400
 North Augusta, SC 29841

APPLICATION FOR EMPLOYMENT

(Please print)

The City of North Augusta is an Equal Opportunity Employer and as such will recruit and hire employees without regard to race, color, religion, sex, national origin, age, disability, or military status.

EMPLOYMENT IS CONDITIONED UPON THE APPLICANT'S SUCCESSFUL COMPLETION OF A POST-OFFER MEDICAL EXAMINATION, THOROUGH BACKGROUND INVESTIGATION, AND DRUG SCREEN.

PERSONAL:

Last Name		First Name		Middle	Social Security Number		Home Phone
Street Address			City	State	ZIP	Cell Phone	
Email							

POSITION YOU ARE APPLYING FOR: _____

Are you presently employed by the City of North Augusta? _____ If yes, name of supervisor: _____

Do you have relatives employed by the City of North Augusta? _____ If yes, name(s): _____

Do you have a valid driver's license? _____ State: _____ License #: _____ Classification: _____

Are you legally eligible for employment in the United States? _____ How did you learn of the job opening? _____

When can you begin work? _____ Will you work overtime if asked? _____

EDUCATION/SKILLS:

Name and location of school	Course of study	Did you graduate?	GED, Certificate, Degree, or Diploma
High School			
College			
Other			

Special Training or Skills (languages, machines, etc.)

Membership in Professional or Civic Organizations:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VETERANS: Complete this section and attach form DD214 if you served in the armed forces.

Period of Active Duty: From _____ To _____ Branch _____

Date of Discharge _____ Rank at time of Discharge _____

THIS IS NOT A CONTRACT OF EMPLOYMENT. EMPLOYMENT REMAINS AT-WILL AND MAY BE TERMINATED BY EITHER PARTY AT ANY TIME, WITH OR WITHOUT NOTICE OR REASON.

EMPLOYMENT HISTORY:

Start with most recent position and work back; give specific information about each position. Use separate block for each position, even if it is the same employer. Use additional sheet if necessary. A resume may be attached to the application but may not be substituted for this section.

Company Name	Telephone
Address	Dates of Employment Month/Year - Month/Year
Name of Supervisor	Reason for leaving
Job Title	May we contact?
Duties	

Company Name	Telephone
Address	Dates of Employment Month/Year - Month/Year
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Address	Dates of Employment Month/Year - Month/Year
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PROFESSIONAL REFERENCES: Three references are mandatory.

Name	Address	Telephone

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

- ❖ As an applicant for employment with the City of North Augusta, I have furnished information for use in determining my qualifications for employment. By submitting this application, I hereby authorize the City of North Augusta to conduct a thorough background investigation on my behalf.
- ❖ I hereby release the City of North Augusta, current and past employers, and references named herein (or in accompanying resume), from liability or damage resulting from providing the information requested.
- ❖ I agree to submit to a drug screen and the results of such analysis may be grounds for disqualifying me or terminating my employment.
- ❖ I agree to have a physical examination (City paid) as required for my position and understand that any offer of employment is contingent upon my passing this physical examination.
- ❖ I understand and agree that if employed, I will be an employee “at will” and will have the right to terminate my employment at any time, with or without notice and with or without cause, and that the City of North Augusta shall have the same right.
- ❖ If employed, I agree to abide by all present and subsequently issued personnel policies and regulations of the City of North Augusta.
- ❖ I have read and understand the essential job functions of the position for which I am applying.
- ❖ I understand that if hired, I must meet the eligibility verification requirements of the Federal Dept. of Homeland Security and submit appropriate documentation to satisfy the requirements of completing DHS Form I-9. (A list of acceptable documents is available through the Human Resources Department. However, the most commonly used ID is (1) a passport or (2) a Social Security Card and driver’s license.
- ❖ I affirm that all statements on this form are true and accurate to the best of my knowledge and understand that any misrepresentation or omission of facts may result in my being disqualified from further consideration or discharged should I already be employed by the City.
- ❖ I understand that my electronic signature is the legal equivalent to a manual signature on this application.

My signature conveys that I have read, understand, and agree to all the statements listed above.

Signature: _____ **Date:** _____

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