



# City of West Columbia

*Bridging Past, Present and Future*



## Application for Employment

PLEASE PRINT

Date of Application	Position Applied For	Date Available for Work	Desired Salary Range
---------------------	----------------------	-------------------------	----------------------

Last Name	First Name	Middle Name	
Address (Number/Street)	City	State	Zip Code
Social Security Number	Telephone Number(s)		Best time to contact you at home
	(Home)	(Other)	_____ AM _____ PM

In completing this application, you may exclude any organization or membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	May we contact your present employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever applied for a position with us before? If Yes, give date _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been employed with us before? If Yes, give date _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you available to work Full-time?	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on lay-off status and subject to be recalled?	<input type="checkbox"/>	<input type="checkbox"/>
Can you travel if a job requires it?	<input type="checkbox"/>	<input type="checkbox"/>	Are any of your relatives or friends employed with us?	<input type="checkbox"/>	<input type="checkbox"/>
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/>	<input type="checkbox"/>
How did you learn about us?			<input type="text"/>		

State and federal laws require all applicants to be considered for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

THE CITY OF WEST COLUMBIA IS AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG FREE WORKPLACE



**Education**

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

---

---

---

List professional, trade, business or civic activities and offices held.

---

---

---

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

---

---

---

**Additional Information**

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

---

---

---

**Specialized Skills**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	_____ Other (list) _____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____
<input type="checkbox"/> Typewriter (WPM _____)	<input type="checkbox"/> Shorthand (WPM _____)	_____

## References

Name	Name	Name
Address	Address	Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Telephone Number	Telephone Number	Telephone Number

Have you ever been convicted of a crime other than minor traffic offenses? \_\_\_\_ YES \_\_\_\_ NO

For purposes of this question, "convicted" includes a finding of guilty by a judge or court, pleas of nolo contendere or "no contest", and guilty pleas. List details of every conviction, including date convicted, court, offense charged, and sentence imposed.

Date Convicted	Court	Offense Charged	Sentence Imposed

**Note to Applicants: DO NOT ANSWER THESE QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? \_\_\_\_ YES \_\_\_\_ NO

A review of the activities involved in such a job or occupation has been given. \_\_\_\_ YES \_\_\_\_ NO

## Applicant's Statement

### Read Carefully and Sign

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment, and hereby release the City from any claims, causes of action or liability arising out of any investigation conducted by the City. This application is considered to be made for the position listed, and is not considered active after 45 days. Applicants seeking positions beyond this time period must fill out an updated application.

I understand that the City may require criminal history checks, background checks covered by the Fair Credit Reporting Act, and/or pre-employment drug testing. I acknowledge that such tests/investigations may be made and that employment is contingent upon the results of such checks and tests.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT ALL EMPLOYEES OF THE CITY ARE EMPLOYEES-AT-WILL WHO MAY QUIT AT ANY TIME FOR ANY REASON AND WHO MAY BE TERMINATED AT ANY TIME FOR ANY OR NO REASON. NO ONE OTHER THAN THE CITY MAY MAKE ANY PROMISES OR ASSURANCES OR ENTER INTO ANY CONTRACT, WHETHER ORAL OR WRITTEN, EXPRESS OR IMPLIED, THAT IN ANY WAY IS CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH, AND ANY SUCH PROMISES, ASSURANCES, OR PURPORTED CONTRACTS SHALL BE INVALID AND NOT BINDING ON THE CITY UNLESS ADOPTED, ENDORSED, OR AGREED TO IN WRITING BY THE CITY ADMINISTRATOR AND APPROVED BY THE MAYOR.

In the event of employment, I understand that incomplete, false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# City of West Columbia Employment Application

## Applicant Demographic Data

Federal regulations require the City of West Columbia to collect data regarding an applicant's race, sex and national origin for purposes of complying with federal non-discrimination laws. We are asking you to voluntarily disclose this data to help the city comply with this obligation. **Completion of this portion of the application is voluntary. This data will not be considered by the City in evaluating your application, nor will your refusal to fill out this portion of the application be held against you.** This portion of the application will be removed from the application prior to your being considered for employment.

Please indicate your gender: \_\_\_\_\_ Male                      \_\_\_\_\_ Female

Please indicate your ethnicity (race or national origin):

\_\_\_\_\_ White              \_\_\_\_\_ Hispanic or Latino              \_\_\_\_\_ Black or African-American

\_\_\_\_\_ American Indian or Alaskan Native              \_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander              \_\_\_\_\_ Two or More Races

\_\_\_\_\_ I do not wish to volunteer any demographic data information.