City of North Charleston

PO BOX 190016 NORTH CHARLESTON, SC 29419 • T (843)740-2597 • F (843) 745-1048

Application for Employment

An Equal Opportunity Employer

PRINT E-Mail www.northcharleston.org

This application must be completed in full and signed. By completing this application you are neither guaranteed an interview or a job offer. The City of North Charleston is an equal opportunity employer and is an at will organization. Thus, you can end your employment with the City at any time and the City can end your employment at any time without notice. This application and certain information contained herein may be subject to the Freedom of Information Act (FOIA). This means if you apply for a position and we receive a FOIA request we are required to provide a copy of this application. The hiring department will notify you if you are selected for an interview. All applications are kept on file for a two (2) year period after date of application.

POSITION APPLIED FOR: **DATE OF APPLICATION:**

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS CITY STATE ZIP CODE

HOME TELEPHONE CELL PHONE NUMBER EMAIL ADDRESS

Have you ever been an employee of the City of North Charleston? YES NO

If yes, when and what was your position held previously?

DEPARTMENT POSITION DATES: FROM-TO

Do you have relatives that are employed by the City of North Charleston? YES NO If yes, provide the following information:

NAME DEPARTMENT RELATION

Are you able to provide proof that you are eligible to work in the United States? YES NO

Have you been convicted of a felony or plead "no contest" to a felony charge within the past seven years? YES NO

Do you currently have any criminal charges pending other than speeding violations less than 10 miles over the limit? YES NO

(Note: An answer of "Yes" does not necessarily mean you will not be considered for employment)

If Yes, please specify date(s) and nature of offense

Have you ever defaulted on a National Direct Student Loan, a National Defense Student Loan, a Guaranteed-Federally Insured Student Loan, a Nursing Student Loan, Health Professions Student Loan, or Law Enforcement Educational Loan? YES NO

When are you available to work? Please check all that apply. FULL TIME PART TIME ROTATING SHIFTS TEMPORARY

EDUCATION

Beginning with High School, provide information on all schools attended including universities, colleges, technical and trade schools

Name and State of School	Circle Highest Level Completed	Degree	Major
High School	9 10 11 12		
Trade/Technical School	1 2 3 4		
Undergraduate School	1 2 3 4		
Graduate School/Post Graduate School	1 2 3 4 5 6		

List any professional or trade certificates that you have. You may be required to provide verification.	Name of Certification	Issuing Organization	Issue Date	Expiration Date

The City of North Charleston is an Equal Opportunity Employer. All applicants are considered for employment without regard to color, race, sex, religion, age, national origin, marital status, veteran status, disability or genetic information. If you believe you have been discriminated against for any of these reasons for consideration of this application, please notify the Director of Human Resources at 2500 City Hall Lane, North Charleston, SC, 29406. It is also your right to notify the Equal Employment Opportunity Commission, Office of Federal Contract Compliance Programs or any other appropriate local or state agency of your complaint.

Rev. 01/2012

EMPLOYMENT EXPERIENCE

List jobs starting with your present or most recent job first. Include any military experience. Account for employment/educational activity within the last seven (7) years. A Resume may be attached but does not take the place of this form. All information must be filled in. If you need more space, please attach a separate sheet and sign. Incomplete information may cause delays for your application to be forwarded to the hiring department.

COMPANY NAME

TELEPHONE

DATES EMPLOYEED
FROM: TO:

FULL TIME
PART TIME

ADDRESS

MAY WE CONTACT THIS EMPLOYER?
YES NO

JOB TITLE

REASON FOR LEAVING

DESCRIBE DUTIES

START SALARY

END SALARY

LIST TOOLS, EQUIPMENT AND COMPUTER SOFTWARE UTILIZED IN THIS POSITION

COMPANY NAME

TELEPHONE

DATES EMPLOYEED
FROM: TO:

FULL TIME
PART TIME

ADDRESS

MAY WE CONTACT THIS EMPLOYER?
YES NO

JOB TITLE

REASON FOR LEAVING

DESCRIBE DUTIES

START SALARY

END SALARY

LIST TOOLS, EQUIPMENT AND COMPUTER SOFTWARE UTILIZED IN THIS POSITION

COMPANY NAME

TELEPHONE

DATES EMPLOYEED
FROM: TO:

FULL TIME
PART TIME

ADDRESS

MAY WE CONTACT THIS EMPLOYER?
YES NO

JOB TITLE

REASON FOR LEAVING

DESCRIBE DUTIES

START SALARY

END SALARY

LIST TOOLS, EQUIPMENT AND COMPUTER SOFTWARE UTILIZED IN THIS POSITION

MILITARY STATUS

Have you served on active duty in the U.S. Armed Forces? yes ☐ no ☐
If yes, did you receive an honorable discharge? yes ☐ no ☐
If you received any discharge other than honorable please provide the specific type of discharge you received and explain the reason for your discharge status:

Please provide a copy of your DD214 which includes information about your separation and characterization of the discharge.

OTHER EXPERIENCE AND DRIVER'S LICENSE INFORMATION

typing/word processing	how many words per minute can you type?
computer software	indicate the types of software you are skilled in using: windows ☐ word ☐ excel ☐ powerpoint ☐ access ☐ outlook ☐ internet ☐ other:
telephone experience	have you operated a multi-line phone? yes ☐ no ☐ number of lines? years of experience?
driver's license	do you have a valid driver's license? yes ☐ no ☐ state: ☐ expires: ☐ license no.: ☐ do you have a valid commercial driver's license (cdl)? yes ☐ no ☐ permit ☐ class a ☐ class b ☐

YOU MUST SIGN THIS APPLICATION AND PLEASE READ THE FOLLOWING CAREFULLY:

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any investigation and reference checks as well as the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law and as outlined below that:

EMPLOYEES OF THE CITY OF NORTH CHARLESTON ARE EMPLOYED AT WILL. THAT MEANS THAT EITHER THE EMPLOYEE OR THE CITY MAY END EMPLOYMENT AT ANY TIME AND FOR ANY REASON. NOTHING IN THE CITY'S HANDBOOKS, MANUALS, POLICIES, RULES, OR OTHER WRITTEN DOCUMENTS CREATES ANY CONTRACT OF EMPLOYMENT. CURRENT OR PAST POLICIES, PRACTICES OR PROCEDURES DO NOT INCLUDE A PROMISE OR CONTRACT THAT THOSE POLICIES, PRACTICES OR PROCEDURES WILL CONTINUE IN THE FUTURE, ANY AND ALL POLICIES PRACTICES OR PROCEDURES MAY BE CHANGED BY THE CITY FROM TIME TO TIME. ORAL OR WRITTEN ASSURANCES AND/OR REPRESENTATIONS OF THE CITY AND/OR ITS MANAGERS, SUPERVISORS OR AGENTS DO NOT FORM A CONTRACT OF EMPLOYMENT UNLESS (1) THE TERMS ARE IN WRITING AND INCLUDE THE DURATION OR TERM OF THE CONTRACT; (2) THE WRITING OR DOCUMENT IS LABELED "CONTRACT OF EMPLOYMENT;" AND (3) THE DOCUMENT IS SIGNED BY THE MAYOR.

In the event of employment, I understand that false and 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 City of North Charleston.

By attaching an electronic signature (whether typed, graphical, or free form) I certify herein that I have read and understood all the statements listed above and throughout this application.

Signature of Applicant	Date

City of North Charleston

PO BOX 190016 NORTH CHARLESTON, SC 29419 • T (843)740-2597 • F (843) 745-1048

EEO Information

An Equal Opportunity Employer

www.northcharleston.org

In accordance with Equal Employment Laws we are required to maintain statistical data on all applicants. This form is NOT part of the employment application and is not used for screening purposes of candidates. The information on this sheet regarding, race, sex and age is needed for statistical purposes to meet federal compliance reporting requirements on equal employment opportunity. This information is needed to analyze and assure compliance with the Federal Equal Employment Opportunity Laws. Your participation in this survey is kept in a confidential file and is detached from your employment application form prior to review of qualifications by the hiring department. To assist us in complying with government recordkeeping and other legal requirements, please fill out the EEO Questionnaire below. Providing this information is strictly voluntary, and refusal to provide it will not subject you to any adverse treatment. Any information provided by you will be kept confidential and only used with applicable Federal laws and regulations.

PLEASE PRINT:

DATE

GENDER: MALE ☐ FEMALE ☐

AGE

LAST NAME

FIRST NAME

MIDDLE INITIAL

POSITION APPLIED FOR

Where did you learn about the job opening? City website, newspaper ad, radio ad, TV ad/cable, job service, walk-in, job fair, or city employee

Check one if applicable: Disabled Individual ☐ Disabled Veteran ☐ Vietnam Veteran ☐ (See Notice Below)

Please identify your Race/Ethnic Data by checking one below:

☐ African American or Black (Not Hispanic or Latino)
A person having origins in any of the black racial groups of Africa.

☐ American Indian or Alaskan Native - *A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.*

☐ Asian or Pacific Islander - *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*

☐ Hispanic or Latino - *A person having origins of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.*

☐ White or Caucasian (Not Hispanic or Latino) - *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

☐ Other Pacific Islander or Native Hawaiian (Not Hispanic or Latino) - *A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

☐ I do not wish to enter voluntary self-identification EEOC information on this form.

SIGNATURE

DATE

NOTICE TO INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS AND VIETNAM ERA VETERANS

Federal government contractors are subject to Section 403 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era; and section 503 of the Rehabilitation Act of 1973, as amended, which requires the same of qualified disabled individuals. If you are a disabled veteran or have a physical or mental disability, you are invited to volunteer that information. The reason is to provide information regarding proper placement and appropriate accommodation to enable you to perform the essential functions of the position in a proper and safe manner. The information will not adversely affect any consideration for employment at the City of North Charleston.

If you wish to be identified, sign here:

North Charleston Police Department
BACKGROUND CHECK SCREENING

AUTHORIZATION FOR RELEASE OF INFORMATION

Any Doctor, Hospital Medical Association, U. S. Armed Forces, U. S. Selective Service System, Maritime Service, Veterans Administration, or Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (College, business, trade or high school) or Any past employer, or Any Credit Bureau or retail Merchants Association, Bank, Financial Institution or any other Credit Extending Organization, or any City, County or State Agency.

I _____, am aware that my entire background is to be investigated, and hereby authorize and request the release of any and all information you have concerning me, excluding bank or savings and loan balances, to the North Charleston Police Department as my authorized representative for the purpose of obtaining this information. I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any liability for damages of whatever kind to me, my family, heirs or associates as a result of giving such information, except that I do not release anyone who gives information that he or she knows is false, deliberately intending to harm me or my family or associates.

Signature: _____ Date: _____

Print Name: _____ DOB: _____

Address: _____ City: _____ State: -----Please Select State----------

State of -----Please Select State---------- County of _____

Sworn and Subscribed before me on this day _____ _____.

Notary _____ My Commission Expires _____

Go to Top Page