

City of North Charleston, SC

APPLICATION FOR EMPLOYMENT—RECREATION DEPARTMENT

APPLICANT INFO

DATE	SSN	
LAST NAME	FIRST NAME	M.I.
STREET ADDRESS		
CITY	STATE	ZIP CODE
(AREA CODE) PHONE NUMBER	(AREA CODE) CELL PHONE	

IMPORTANT INFORMATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protected status. We are an Equal Opportunity Employer.

All applications for seasonal and regular part-time employment must be returned to the Recreation Department located on the 2nd floor at 2500 City Hall Lane, North Charleston, SC 29406.

HIRING QUESTIONS

1. ARE YOU A US CITIZEN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
2. IF NO, ARE YOU LEGALLY ELIGIBLE TO WORK IN THE US?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<small>APPLICANT WILL BE REQUIRED TO PROVIDE DOCUMENTATION OF IDENTITY & EMPLOYMENT ELIGIBILITY PRIOR TO EMPLOYMENT.</small>	
3. ARE YOU CURRENTLY A FULL-TIME STUDENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
4. IF YES, PLEASE NAME SCHOOL CURRENTLY ATTENDING AND ANTICIPATED GRADUATION DATE:				
5. WILL YOU ATTEND SCHOOL FULL-TIME IN THE FALL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
6. IF YES, PLEASE NAME SCHOOL AND ANTICIPATED GRADUATION DATE:				
7. ARE YOU AT LEAST 14 YEARS OF AGE OR OLDER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
8. WHAT IS THE EARLIEST DATE THAT YOU CAN BEGIN EMPLOYMENT?				
9. WHAT IS THE LAST DATE YOU WILL BE ABLE TO WORK BEFORE SCHOOL BEGINS?				
10. ARE THERE ANY HOURS, SHIFTS, OR DAYS THAT YOU CANNOT WORK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
11. IF YES, PLEASE EXPLAIN:				
12. DO YOU POSSESS A VALID DRIVERS LICENSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
DRIVERS LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE		
13. HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<small>CONVICTIONS WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT</small>	
14. IF YES, PLEASE EXPLAIN:				
15. PLEASE CIRCLE POSITIONS YOU ARE APPLYING FOR:	PROGRAMS/AFTERSCHOOL STAFF	POOL STAFF	SUMMER CAMP STAFF	SUMMER FEEDING PROGRAM STAFF
16. PLEASE LIST ANY SPECIAL SKILLS YOU POSSESS, IE. FIRST AID OR CPR CERTIFICATION, TENNIS INSTRUCTION, LIFEGUARDING CERTIFICATION, COMPUTER SKILLS:				

PREVIOUS EMPLOYMENT/REFERENCES/CONTACT

1. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM A POSITION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. IF YES, PLEASE EXPLAIN:			
3. MAY WE CONTACT YOUR PRESENT EMPLOYER?	YES	NO	
4. PLEASE LIST 2 REFERENCES, OTHER THAN RELATIVES, PREVIOUS EMPLOYERS, OR CURRENT/FORMER CITY OF NORTH CHARLESTON EMPLOYEES:			
REFERENCE 1 NAME	POSITION	(AREA CODE) PHONE NUMBER	
COMPANY NAME	ADDRESS		
REFERENCE 2 NAME	POSITION	(AREA CODE) PHONE NUMBER	
COMPANY NAME	ADDRESS		
5. PLEASE LIST AN EMERGENCY CONTACT:	NAME	RELATIONSHIP	(AREA CODE) PHONE NUMBER

WORK EXPERIENCE 1 *Please include any previous City of North Charleston employment*

NAME OF EMPLOYER		PREVIOUS JOB TITLE	
STREET ADDRESS			
CITY	STATE	ZIP	(AREA CODE) PHONE NUMBER
SUPERVISOR'S NAME		EMPLOYED FROM MO/YR	EMPLOYED TO MO/YR
SPECIFIC REASON FOR LEAVING			

WORK EXPERIENCE 2 *Please include any previous City of North Charleston employment*

NAME OF EMPLOYER		PREVIOUS JOB TITLE	
STREET ADDRESS			
CITY	STATE	ZIP	(AREA CODE) PHONE NUMBER
SUPERVISOR'S NAME		EMPLOYED FROM MO/YR	EMPLOYED TO MO/YR
SPECIFIC REASON FOR LEAVING			

WORK EXPERIENCE 3 *Please include any previous City of North Charleston employment*

NAME OF EMPLOYER		PREVIOUS JOB TITLE	
STREET ADDRESS			
CITY	STATE	ZIP	(AREA CODE) PHONE NUMBER
SUPERVISOR'S NAME		EMPLOYED FROM MO/YR	EMPLOYED TO MO/YR
SPECIFIC REASON FOR LEAVING			

APPLICANT STATEMENT

I certify that the 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 it may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 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.

I hereby understand and acknowledge that unless otherwise defined by applicable laws, any employment relationship with the City of North Charleston is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that an "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of North Charleston.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the City of North Charleston.

Applicant Signature

Date

FOR OFFICE USE ONLY *Do not fill out*

ARRANGE INTERVIEW? YES NO

REMARKS: _____
