

EMPLOYMENT HISTORY: List below your experience record. Please include part-time and temporary employment, as well as job-related military service. Start with your present or most recent job. Account for any gaps in your employment history. List any self-employment. Under specific duties, describe the kind of work you did, machines or equipment operated, and the number and title of employees you supervised, if any. Attach additional sheets if necessary.

Last or Current Job:

Company Name	_____	From: Month/Year	_____
Company Address	_____	To: Month/Year	_____
City and State	_____	Full Time or Part Time?	_____
Phone Number	_____	Starting Salary	_____
Your Title	_____	Last Salary	_____
Specific Duties	_____	Supervisor's Name	_____
		Reason for Leaving	_____

May we contact this employer? Yes No

Job Held Before Last or Current Job:

Company Name	_____	From: Month/Year	_____
Company Address	_____	To: Month/Year	_____
City and State	_____	Full-Time or Part-Time?	_____
Phone Number	_____	Starting Salary	_____
Your Title	_____	Last Salary	_____
Specific Duties	_____	Supervisor's Name	_____
		Reason for Leaving	_____

May we contact this employer? Yes No

Next Most Recent Job:

Company Name	_____	From: Month/Year	_____
Company Address	_____	To: Month/Year	_____
City and State	_____	Full Time or Part Time?	_____
Phone Number	_____	Starting Salary	_____
Your Title	_____	Last Salary	_____
Specific Duties	_____	Supervisor's Name	_____
		Reason for Leaving	_____

May we contact this employer? Yes No

Next Most Recent Job:

Company Name	_____	From: Month/Year	_____
Company Address	_____	To: Month/Year	_____
City and State	_____	Full Time or Part Time?	_____
Phone Number	_____	Starting Salary	_____
Your Title	_____	Last Salary	_____
Specific Duties	_____	Supervisor's Name	_____
		Reason for Leaving	_____

May we contact this employer? Yes No

Next Most Recent Job:

Company Name	_____	From: Month/Year	_____
Company Address	_____	To: Month/Year	_____
City and State	_____	Full Time or Part Time?	_____
Phone Number	_____	Starting Salary	_____
Your Title	_____	Last Salary	_____
Specific Duties	_____	Supervisor's Name	_____
		Reason for Leaving	_____

May we contact this employer? Yes No

Next Most Recent Job:

Company Name _____
Company Address _____
City and State _____
Phone Number _____
Your Title _____
Specific Duties _____

From: Month/Year _____
To: Month/Year _____
Full Time or Part Time? _____
Starting Salary _____
Last Salary _____
Supervisor's Name _____
Reason for Leaving _____

May we contact this employer? Yes No

Next Most Recent Job:

Company Name _____
Company Address _____
City and State _____
Phone Number _____
Your Title _____
Specific Duties _____

From: Month/Year _____
To: Month/Year _____
Full Time or Part Time? _____
Starting Salary _____
Last Salary _____
Supervisor's Name _____
Reason for Leaving _____

May we contact this employer? Yes No

References: Please list name, occupation, and phone number of three references (not related to you).

Please list any relatives who presently work for the City of Rock Hill (give name, department, and relationship to you).

Please list any persons residing with you who presently work for the City of Rock Hill (give name and department). _____

Check Boxes as Applicable:

- I hereby certify that all statements made herein and/or attached hereto are true to the best of my knowledge, and I understand that, if employed, any falsehood or misrepresentation is cause for separation from service with the City of Rock Hill.**
- I authorize the release of such information as my work, school, police, medical, credit, personal, and mental records, and other information as needed to determine my qualifications and fitness for the position I am seeking with the City of Rock Hill, or fitness for any position I may hold with the City of Rock Hill.**
- I hereby release former employers and reference sources from all liability for divulging such information.**
- I agree to submit to pre-employment drug testing. I understand that testing positive for use of an illegal drug, abuse of a legal drug, use of an unprescribed legal drug, refusal to take the test, or failure to keep the scheduled appointment for the test will generally result in denial of employment with the City of Rock Hill.**

APPLICANT'S SIGNATURE _____ DATE _____

This application is not, and is not intended to be, a contract of employment.

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APPLICANT DATA RECORD

Qualified applicants are considered for all positions and are treated without discrimination as to race, color, religion, sex, national origin, age, marital status, medical condition, or disability.

The information requested below is needed for state and federal reporting and internal personnel research. This information will be kept in a confidential file within the Human Resources Department.

DATE OF BIRTH: _____ Sex: Male Female
(Month) (Day) (Year)

SOCIAL SECURITY #: _____

ETHNIC BACKGROUND (Check One)

- Hispanic or Latino
- White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or More Races

How were you referred to the City of Rock Hill? Check all that apply.

City Jobline _____ Professional Journal _____ College Placement _____ Other _____
Walk-In _____ Friend or Relative _____ Internet _____
City Employee _____ Newspaper _____ Agency _____

In cooperation with the Family Independence Act of 1995, we are actively recruiting Family Independence, Welfare, and food stamp recipients. If you are eligible, you may also qualify for special job training.

Are you currently receiving AFDC or food stamps? Yes No



**The City of Rock Hill is committed to exceptional customer service.
If this is you, please apply.**

An Equal Opportunity Employer – M-F-D-V

Please contact Deana Keever at (803) 329-5571 to give advance notice if you need a reasonable accommodation.