

City of Rock Hill
P.O. Box 11706
Rock Hill, SC 29731-1706
(803) 329-5570
FAX: (803) 329-7082



OFFICE USE ONLY

Application for Employment

Your interest in employment with the City of Rock Hill is appreciated,
and you will be contacted by phone or mail should an interview be appropriate.
This application will remain active for six (6) months.

Please type or complete in black ink only.

Today's Date _____

NAME _____
(Last) (First) (Middle)

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DRIVER'S LICENSE # _____ STATE & EXPIR. DATE _____

COMMERCIAL DRIVER'S LICENSE # _____ CLASS _____

E-MAIL ADDRESS _____

LIST POSITION & SALARY DESIRED

Are you a citizen of the United States? Yes No
Are you an alien lawfully authorized to work in the United States? Yes No

EDUCATION—What specific academic, vocational, technical, or professional education have you had that relates to this job?
Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED College 13 14 15 16 / Graduate School 17 18 19

NAME & LOCATION OF SCHOOLS	DATES ATTENDED	GRADUATE	DEGREE	MAJOR
		YES _____ NO _____		
		YES _____ NO _____		
		YES _____ NO _____		
		YES _____ NO _____		

Office Skills:

Customer Service: Yes No
Call Center: Yes No
Dispatch: Yes No
Teller: Yes No

Equipment You Can Operate:

Trucks/Dump Trucks: Yes No Loaders: Yes No
Garbage Trucks: Yes No Dozers: Yes No
Backhoes: Yes No Excavators: Yes No
Motor Graders: Yes No Other: _____

Computer Skills: List software Used (Examples: Word, Excel, Access, PowerPoint, Outlook, ArcView, CAD, GIS, SCADA)

Professional Registrations/Licenses/Certifications: (Examples: CPA, EMT, PE, Water or Wastewater Certificate)

Other Training (Include Military): _____

Have you worked for the City of Rock Hill before? Yes No
If yes, what department and when?

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 Phyllis Fauntleroy at (803) 329-5571 to give advance notice if you need a reasonable accommodation.