

City of Cayce  
P.O. Box 2004  
Cayce, SC 29171-2004  
(803) 796-9020  
(803) 796-9072 Fax



## Application for Employment

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

Please type or complete in black ink only.

Date of Application: \_\_\_\_\_

Positions Applied For:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Last Name

First Name

Middle Name

Address

City

State

Zip

Telephone Number(s)

Social Security Number

Driver's License Number

State

Expiration date

Salary requirements: \_\_\_\_\_ Date Available: \_\_\_\_\_

Have you ever filed an application with us before?  yes  no

If yes, give date \_\_\_\_\_

Have you worked for the City of Cayce before?  yes  no

If yes, what department and when \_\_\_\_\_

Have you been convicted of a crime?  yes  no

If yes, please explain: \_\_\_\_\_

Are you a United States Citizen?  yes  no

If no, are you lawfully authorized to work in the United States  yes  no

How were you referred to the City of Cayce? Check which one (s) apply.

Advertisement \_\_\_\_\_  Friend  Walk-in  Relative

Agency \_\_\_\_\_  Other \_\_\_\_\_

City employee (please name) \_\_\_\_\_

**\*WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\***

**Employment history:** List below your entire experience record. Please include part-time and temporary employment, as well as 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 kind 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, State & Zip \_\_\_\_\_ Were you full-time \_\_\_ part-time \_\_\_  
 Phone \_\_\_\_\_ Your title \_\_\_\_\_ Starting salary \_\_\_\_\_  
 Specific duties \_\_\_\_\_ Last salary \_\_\_\_\_  
 \_\_\_\_\_ 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, State & Zip \_\_\_\_\_ Were you full-time \_\_\_ part-time \_\_\_  
 Phone \_\_\_\_\_ Your title \_\_\_\_\_ Starting salary \_\_\_\_\_  
 Specific duties \_\_\_\_\_ Last salary \_\_\_\_\_  
 \_\_\_\_\_ 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, State & Zip \_\_\_\_\_ Were you full-time \_\_\_ part-time \_\_\_  
 Phone \_\_\_\_\_ Your title \_\_\_\_\_ Starting salary \_\_\_\_\_  
 Specific duties \_\_\_\_\_ Last salary \_\_\_\_\_  
 \_\_\_\_\_ 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, State & Zip \_\_\_\_\_ Were you full-time \_\_\_ part-time \_\_\_  
 Phone \_\_\_\_\_ Your title \_\_\_\_\_ Starting salary \_\_\_\_\_  
 Specific duties \_\_\_\_\_ Last salary \_\_\_\_\_  
 \_\_\_\_\_ 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, State & Zip \_\_\_\_\_ Were you full-time \_\_\_ part-time \_\_\_  
 Phone \_\_\_\_\_ Your title \_\_\_\_\_ Starting salary \_\_\_\_\_  
 Specific duties \_\_\_\_\_ Last salary \_\_\_\_\_  
 \_\_\_\_\_ Supervisor's name \_\_\_\_\_  
 \_\_\_\_\_ Reason for leaving \_\_\_\_\_

May we contact this employer?  yes  no

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**Next most recent job:**

Company name \_\_\_\_\_  
 Company address \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Your title \_\_\_\_\_  
 Specific duties \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_  
 To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Were you full-time \_\_\_ part-time \_\_\_  
 Starting salary \_\_\_\_\_  
 Last salary \_\_\_\_\_  
 Supervisor's name \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

May we contact this employer?  yes  no

If presently employed, why do you desire to change your position? \_\_\_\_\_

If you are now employed, may we contact your present employer?  yes  no

**EDUCATION:**

Name and Location of Schools	Dates Attended	Graduate	Degree	Major
		yes <input type="checkbox"/> <input type="checkbox"/> no		
		yes <input type="checkbox"/> <input type="checkbox"/> no		
		yes <input type="checkbox"/> <input type="checkbox"/> no		
		yes <input type="checkbox"/> <input type="checkbox"/> no		

Office Skills/Equipment: (ex transcription, switchboard, 10 Key)

Computer Skills: List software used: (ex WordPerfect, Excel )

Equipment you can operate:

Trucks/Dump trucks: Yes  No

Backhoes: Yes  No

Motor Graders: Yes  No

Other: \_\_\_\_\_

Professional Registrations/Licenses/

Certifications: (Examples: CDL, CPA, EMT, PE, Water or Wastewater Certificate)

Other Training (include military):

State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

List any relatives presently working at the City of Cayce (give name, department and relationship to you)

References: (not former employers or relatives, whom you have known for at least 1 year)

Name	Address	Phone Number

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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 will give this application every consideration. However, in accepting it, the City of Cayce makes no commitment of employment to the applicant.

We are an at-will employer, meaning that either the employer or the employee may end the employment relationship at any time and for any or no reason.

Check box(es) 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 Cayce.
- I authorized the release of such information as my work, school, police, medical, 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 Cayce.
- I hereby release former employers and reference sources from all liability for divulging such information.
- I agree to submit to a pre-employment drug testing and a follow-up drug testing during my six (6) month probation period. I understand that testing positive for use of an illegal drug, abuse of legal drug, use of a non-prescribed 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 Cayce.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR PERSONNEL DEPARTMENT USE ONLY							
Arrange Interview	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Data Entry Complete	<input type="checkbox"/>	
Remarks _____							
_____ Interviewer			_____ Date				
Employed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date of Employment	_____	
Job Title	_____		Salary	_____		Department	_____
By _____			_____				
Name and Title			Date				
Notes:							
_____							
_____							
_____							
_____							

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**CAYCE DEPARTMENT OF PUBLIC SAFETY  
PRELIMINARY APPLICATION FOR POLICE SERVICE**

*Please Print (Use Black Ink)*

NAME (LAST)		(FIRST)		(MIDDLE)	BIRTH DATE
HOME ADDRESS		(NO. & STREET)		CITY	ST. ZIP
HOME PHONE (AREA CODE) (NUMBER)				DRIVERS LICENSE #	
				STATE ISSUED:	
HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED?		NO. TRAFFIC TICKETS RECEIVED?		(MOVING) (PARKING)	SOCIAL SECURITY #
ARE YOU A CERTIFIED LAW ENFORCEMENT OFFICER?				YES _____	NO _____
EMPLOYING DEPARTMENT WHEN CERTIFIED:					
ARE YOU A CERTIFIED FIRE FIGHTER?				YES _____	NO _____
EMPLOYING DEPARTMENT WHEN CERTIFIED:					
POSITION DESIRED:					
PRESENT EMPLOYER ADDRESS					
DATE:					

*"Equal Opportunity Employer"*

**Applicant Data Record**

Name \_\_\_\_\_

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

The information requested below is needed for state and federal reporting. This information will be kept in a separate confidential file within the Human Resources Department and will not be used as basis of information/determination in your application.

Date of Birth: \_\_\_\_\_  
                                     Month            Day            Year

Sex:  Male  Female

Ethnic background (check one)

- African American
- Asian American
- Caucasian/White
- Hispanic
- Native American
- Other \_\_\_\_\_

At the present time, are you a family independence or food stamp recipient?  
 Yes \_\_\_\_\_  
 No \_\_\_\_\_

List Position(s) Applied For:

\_\_\_\_\_

Referred by:

- Word of Mouth  Advertisement
- Employee (name) \_\_\_\_\_
- Agency (name) \_\_\_\_\_
- Other \_\_\_\_\_

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