

This application form is intended for use in evaluating your qualifications for employment. All qualified applicants will receive consideration without regard to sex, race, color, age, creed, national origin, religion, disability, veteran status, uniformed servicemember, genetic information, or any other category protected by applicable federal, state, or local laws, regulations or ordinances. No question on this application is intended to secure information to be used for such discrimination. Testing of job-related skills may be required prior to employment.

THE CITY OF CAYCE IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. EMPLOYMENT AT-WILL MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Namo			Position Applied For			
Name Last First		Middle Initial	Position Applied For			
Telephone Number ()		Alternate/Cellular Telephone Number ()				
Email Address		Emergency Contact Name and Number				
Current Address						
	Stre	et, Apartment,	or Unit Number			
City	State		How long have you lived there/			
City	State	2.10	icais monais			
Previous Address			or Unit Number			
	3116	et, Apartment,	How long did you live there/			
City	State	Zip	Years Months			
Social Security Number			Driver's License Number			
Desired Salary/Hourly Rate			Are you over the age of 18? Yes No			
Type of employment desired? Full-t	ime 🔲 Part-ti	me 🗌	(Specify Hours)			
Are you willing to work overtime? Ye	es 🗌 No 🗌	Date on w	hich you can start work if hired			
Do you have the right to work in the	United States?	Yes No				
Have you previously applied for emp	loyment with th	e City of Cay	/ce? Yes 🗌 No 🔲			
If Yes, when and where did you appl	y?					
Have you ever been employed by the reason for separation from employm	-	Yes No	☐ If Yes, provide dates of employment, location and			
How were you referred to the City o	f Cavce					
If referred by an employee of the Cit						



consider the nature of number of occurrences	r arrests will not automatically the crime, its seriousness, the , the applicant's age at the tim history, employment reference	substantial relati e of the crime, th	ion to the posi e time elapsed	tion's functions since the crim	and qualifications, the e, the applicant's entire
	special technical skills that you Wastewater Certificate.)	ı feel qualify you	for the job for	which you are	applying (For example,
Education	School Name and Location (Address, City, and State)	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Business/Technical/ Trade or Post College					

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with most current or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply operating name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Failure to completely respond to each inquiry may disqualify you for consideration from employment. You may attach additional pages if necessary.



Employer:

Name a			A al al			
Telephone () _			Address Dates Employed		To	Type of Business
Job Title		Duties				
Supervisor's Name			May we contact? Y	res 🗌 No 🗌	If No, why no	t?
Wages: Start	_ Final	Rea	son for Leaving			
What will this employ	ver say was the	e reason yo	our employment was	terminated?		
How much notice did	you give whe	n resigning	? If no notice provid	led, explain		
Employer:						
Name		-	Addres			Type of Business
Telephone () _			Dates Employed			
Job Title		Duties				
Supervisor's Name			May we contact? Y	res No No	If No, why no	t?
						t?
Wages: Start	Final	Rea	son for Leaving			
Wages: Start	Final	Rea e reason yo	son for Leaving	terminated?		
Wages: Start	Final	Rea e reason yo	son for Leaving	terminated?		
Wages: Start	Final	Rea e reason yo	son for Leaving	terminated?		
Wages: Start What will this employ How much notice did	Final	Rea e reason yo	son for Leaving	terminated?		
Wages: Start What will this employ How much notice did Employer:	Final ver say was the you give whe	Rea e reason yo n resigning	son for Leaving our employment was ?? If no notice provid	terminated?		Type of Business
Wages: Start What will this employ How much notice did Employer:	Final ver say was the you give whe	Rea e reason yo n resigning	son for Leaving our employment was ?? If no notice provid Address	terminated? led, explain From	To	Type of Business
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REFERENCES	
If you answered Yes to any of the above three questions, please explain th	e circumstances of each occasion.
Have you ever been given the choice to resign rather than be terminated?	Yes No No
Has your employment ever been terminated by mutual agreement?	Yes No No
Have you ever been terminated or asked to resign from any job?	Yes No No

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (Supervisor, Co-Worker)	TELEPHONE/EMAIL

APPLICANT CERTIFICATION

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate termination.

THE CITY OF CAYCE IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE CITY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE CITY MANAGER OF THE CITY.

IF HIRED, I AGREE TO CONFORM TO THE POLICIES, RULES AND REGULATIONS OF THE CITY, AND I UNDERSTAND THAT THE CITY HAS COMPLETE DISCRETION TO MODIFY SUCH POLICIES, RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.



I authorize the City of Cayce or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state or local law. I agree to complete any requisite authorization forms for the required employment screening process.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to the City of Cayce or its duly authorized representative pursuant to this authorization from any liability, claims, charges or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the City of Cayce and its representative for seeking such information and all other persons, corporations or organizations furnishing such information.

I agree to submit to a pre-employment drug testing. I understand that testing positive for the use of any illegal drug, abuse of a 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. If hired by the City of Cayce, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand that the City of Cayce employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION	THAT I HAVE PROVIDED	ON THIS	APPLICATION	IS TRUE,	ACCURATE	AND
COMPLETE.						
Applicant Signature		Date _				

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF 1 YEAR.

IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

Applications should be returned to:

City offices in person/drop box at 1800 12th St., Cayce, SC 29033 or

via mail at PO Box 2004, Cayce, SC 29171-2004