



CITY OF NORTH AUGUSTA
 100 Georgia Avenue
 Post Office Box 6400
 North Augusta, SC 29841

APPLICATION FOR EMPLOYMENT
 (Please print)

The City of North Augusta is an Equal Opportunity Employer and as such will recruit and hire employees without regard to race, color, religion, sex, national origin, age, disability, or military status.

EMPLOYMENT IS CONDITIONED UPON THE APPLICANT'S SUCCESSFUL COMPLETION OF A POST-OFFER MEDICAL EXAMINATION
 FOR ALL SAFETY SENSITIVE POSITIONS A DRUG AND SUBSTANCE ABUSE TEST IS ALSO REQUIRED.

PERSONAL:

Last Name		First Name		Middle	Social Security Number		Home Phone
Street Address			City	State	ZIP	Cell Phone	
Email							

POSITION YOU ARE APPLYING FOR: _____

Are you presently employed by the City of North Augusta? _____ If yes, name of supervisor: _____

Do you have relatives employed by the City of North Augusta? _____ If yes, name(s): _____

Do you have a valid driver's license? _____ State: _____ License #: _____ Classification: _____

Are you legally eligible for employment in the United States? _____ How did you learn of the job opening? _____

When can you begin work? _____ Will you work overtime if asked? _____

Have you ever been convicted of or pled guilty or no contest to any crime other than a minor traffic violation? _____

If yes, explain: _____
 A "yes" answer will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.

EDUCATION/SKILLS:

	Name and location of school	Course of study	Years of study	Did you graduate?	Degree or Diploma
High School *					
College					
Other					

*If you possess a GED High School Equivalency Certificate, give date acquired: _____

Special Training or Skills (languages, machines, etc.) _____

Membership in Professional or Civic Organizations: _____

VETERANS: Complete this section and attach form DD214 if you served in the armed forces.

Period of Active Duty: From _____ To _____ Branch _____

Date of Discharge _____ Rank at time of Discharge _____

THIS IS NOT A CONTRACT OF EMPLOYMENT. EMPLOYMENT REMAINS AT-WILL AND MAY BE TERMINATED BY EITHER PARTY AT ANY TIME, WITH OR WITHOUT NOTICE OR REASON.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

- ❖ **As an applicant for employment with the City of North Augusta, I have furnished information for use in determining my qualifications for employment. By submitting this application, I hereby authorize the City of North Augusta to conduct a thorough background investigation and to further support the statements contained herein.**
- ❖ I hereby release the City of North Augusta, current and past employers, and references named herein (or in accompanying resume), from liability or damage resulting from providing the information requested.
- ❖ I agree to submit to a drug screen if the position for which I am applying is classified as safety sensitive. The results of such analysis may be grounds for disqualifying me or terminating my employment.
- ❖ I agree to have a physical examination (City paid) as required for my position and understand that any offer of employment is contingent upon my passing this physical examination.
- ❖ I understand and agree that if employed, I will be an employee “at will” and will have the right to terminate my employment at any time, with or without notice and with or without cause, and that the City of North Augusta shall have the same right.
- ❖ If employed, I agree to abide by all present and subsequently issued personnel policies and regulations of the City of North Augusta.
- ❖ I have read and understand the essential job functions of the position for which I am applying.
- ❖ I understand that if hired, I must meet the eligibility verification requirements of the Federal Dept. of Homeland Security and submit appropriate documentation to satisfy the requirements of completing DHS Form I-9. (A list of acceptable documents is available through the Human Resources Department. However, the most commonly used ID is (1) a passport or (2) a Social Security Card and driver’s license.
- ❖ **I affirm that all statements on this form are true and accurate to the best of my knowledge and understand that any misrepresentation or omission of facts may result in my being disqualified from further consideration or discharged should I already be employed by the City.**

My signature conveys that I have read, understand, and agree to all the statements listed above.

Signature: _____ **Date:** _____

By typing your name above you are signing this application electronically. You agree your electronic signature is the legal equivalent to your manual signature on this application.

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