

Application for Employment

City of Chester
100 West End Street
Chester, SC 29706



Please enter brief responses when answering questions. Your signature is required before processing of application.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to application and/or interview process should notify a representative of the Human Resources Department.

Name:				
First	M.I.	Last	Social Security Number	Date of Birth
Address:				
Street	City	State	ZIP	
Contact:				
Home Phone	Mobile Phone	Email		

Referral Source (Please check the appropriate category and list the source.)

<input type="checkbox"/> Employee _____ <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> City's Website _____ <input type="checkbox"/> School _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Staffing Agency _____ <input type="checkbox"/> Job Fair _____ <input type="checkbox"/> Walk-in _____ <input type="checkbox"/> Gov't Employment _____ <input type="checkbox"/> Other Internet _____
---	---

Position Desired: _____	Date Available: _____	Date of Application: _____
Pay Desired: _____	Currently Employed: Yes _____ No _____	

If necessary, best time to call you is ... AM PM
 Home Cellular/Other

May we contact you at work? Yes No

If **yes**, number and best time to call:
 Contact Number: _____ Time: _____ AM PM

If you are under 18 and it is required,
 can you furnish a work permit? Yes No

If **no**, please explain:

Have you submitted an application here before? Yes No
 If **yes**, give date(s) and position(s):

Have you ever been employed here before? Yes No
 If **yes**, give dates: From: _____ To: _____

Is this application a request for reemployment following an extended
 Military leave of absence from the city? Yes No

If **yes**, additional information may be requested.

Are you legally eligible for employment
 In this country? Yes No

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the
 attendance requirements of the position? N/A Yes No

Will you work overtime if required? Yes No

If no, please explain:

Are you able to perform the "essential functions" of the job for
 which you are applying (with or without reasonable
 accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's
 "essential functions" to respond.

Driver's license number required if driving may be required in the Job
 for which you are applying: _____ State: _____

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to or
 been convicted of a crime? Yes No
 If yes, please provide date(s) and details:

Have you entered into an agreement with any former employer or
 other party (such as a noncompetition agreement) that might, in
 any way, restrict your ability to work for our city? Yes No
 If yes, please explain:

EMPLOYMENT HISTORY (Starting with your most recent employer, provide the following information.)

Employer Name: _____ Telephone: _____		Employment Dates			
Street Address: _____ City: _____ State: _____		Dates employed:	Month / Year	to	Month / Year
Starting job title/final job title: _____		Compensation (Starting)			
Immediate supervisor and title (for most recent position held)		Hourly	Salary	\$ _____	
Why did you leave?	May we contact for reference? Yes No Number: _____	Compensation (Final)			
		Hourly	Salary	\$ _____	
		Commission/Bonus/Other Compensation \$ _____			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					

Employer Name: _____ Telephone: _____		Employment Dates			
Street Address: _____ City: _____ State: _____		Dates employed:	Month / Year	to	Month / Year
Starting job title/final job title: _____		Compensation (Starting)			
Immediate supervisor and title (for most recent position held)		Hourly	Salary	\$ _____	
Why did you leave?	May we contact for reference? Yes No Number: _____	Compensation (Final)			
		Hourly	Salary	\$ _____	
		Commission/Bonus/Other Compensation \$ _____			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					

Employer Name: _____ Telephone: _____		Employment Dates			
Street Address: _____ City: _____ State: _____		Dates employed:	Month / Year	to	Month / Year
Starting job title/final job title: _____		Compensation (Starting)			
Immediate supervisor and title (for most recent position held)		Hourly	Salary	\$ _____	
Why did you leave?	May we contact for reference? Yes No Number: _____	Compensation (Final)			
		Hourly	Salary	\$ _____	
		Commission/Bonus/Other Compensation \$ _____			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					

Attach to application additional employer information.

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If **yes**, please explain: _____

SKILLS AND QUALIFICATIONS

Summarize any special training skills, licenses and/or certifications that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing	_____	Years:	_____	Internet	_____	Years:	_____
Presentation	_____	Years:	_____	Other	_____	Years:	_____
Spreadsheet	_____	Years:	_____	Other	_____	Years:	_____
E-mail	_____	Years:	_____	Other	_____	Years:	_____

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

School/College Name (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		Diploma GED Degree Certification Other		
		Diploma GED Degree Certification Other		
		Diploma GED Degree Certification Other		
		Diploma GED Degree Certification Other		

REFERENCES

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors.
If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to you	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

ALL EMPLOYEES OF THE CITY OF CHESTER ARE EMPLOYEES “AT WILL” WHOSE EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE. ONLY THE CITY ADMINISTRATOR WITH THE APPROVAL OF CITY COUNCIL HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT REGARDING LENGTH OF SERVICE OR GROUNDS FOR TERMINATION AND ANY SUCH AGREEMENT MUST BE IN WRITING AND SIGNED BY THE CITY ADMINISTRATOR AND APPROVED BY CITY COUNCIL.

All applicants are advised that the City of Chester is subject to the Freedom of Information Act and upon request, may be required to disclose the names of the final three applicants being considered for any position with the City.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ **Date:** [Click here to enter a date.](#)