



List professional, trade, business or civic activities and offices held: (Exclude those which indicate race, color, religion, sex or national origin) \_\_\_\_\_

Give name, address and telephone number of three references who are not related to you and are not previous employers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

	<b>ELEMENTARY</b>	<b>HIGH</b>	<b>COLLEGE/ UNIVERSITY</b>	<b>GRADUATE PROFESSIONAL</b>
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received:				

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

\_\_\_\_\_

\_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities.

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the City and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the City or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no elected official, department head, supervisor or representative of management, without full Council approval, has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the City. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the City in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the City during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the City will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the City and is exclusively the City's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the City.

Applicant Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Name: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

The City of Effingham is an EEO employer. The following voluntary information is requested for the City of Effingham to evaluate its hiring practices and to prepare reports required by law for the State and Federal Government. This questionnaire will be detached from the employment application. This information will be confidential and will NOT be used to make a decision about your employment. Therefore, any individual involved in the hiring process will NOT have access to this questionnaire.

A. Please mark the group that best describes your race/ethnicity.

B. Gender :  Female  Male

White

Black/African American  
(not of Hispanic origin)

Hispanic/ Latino  
(Mexican, Puerto Rico, Cuban, Central  
or South American, or other Spanish  
culture origin, regardless of race)

Filipino

American Indian  
(subject to verification)

Asian or Pacific Islander  
(excluding Filipino)

C. Date of Birth:

\_\_\_/\_\_\_/\_\_\_

Disabled- A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record of history of such impairment of medical condition; (3) is regarded as having such an impairment or medical condition.

FOR OFFICE USE ONLY -- DO NOT WRITE BELOW THIS LINE

Position Considered \_\_\_\_\_

Interviewed By \_\_\_\_\_

Date \_\_\_\_\_

Accepted for Employment \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_