



## APPLICATION FOR EMPLOYMENT

Our policy is to comply with all applicable state and federal laws prohibiting discrimination in employment based to race, religion, creed, color, national origin, sex, marital status, age, genetics, status as a veteran or special disabled veteran or the presence of any physical, mental or sensory handicap.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone number where you can be reached or a message left for you \_\_\_\_\_

Email address \_\_\_\_\_

Are you 18 years old or older?    Yes                  No

Have you ever been convicted of a felony?    Yes                  No

(Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

\_\_\_\_\_

\_\_\_\_\_

Do you have the legal right to work and remain in the United States? Yes                  No

Can you perform the duties of the job which you are applying with or without reasonable accommodations?

Yes                                  No

If Yes, can you produce evidence of U.S. citizenship or legal work status within three (3) days? Yes    No

Education	Name & Location of School	Major	Diploma/ Degree	Other Remarks
High School				
College / University				
College / University				
Other Training				

Position applied for: \_\_\_\_\_

Wage or salary desired? \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

# Work History

Most recent employer	Address	Telephone
Date started	Starting Salary: \$ Per:	Starting Position
Date ended	Ending Salary: \$ Per:	Ending Position
Name of Supervisor	Title of Supervisor	
Description of Duties	Reason for Leaving	

Next most recent employer	Address	Telephone
Date started	Starting Salary: \$ Per:	Starting Position
Date ended	Ending Salary: \$ Per:	Ending Position
Name of Supervisor	Title of Supervisor	
Description of Duties	Reason for Leaving	

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Name of Supervisor	Title of Supervisor
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Description of Duties	Reason for Leaving
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Next most recent employer	Address	Telephone
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Date started	Starting Salary: \$ Per:	Starting Position
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Date ended	Ending Salary: \$ Per:	Ending Position
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Name of Supervisor	Title of Supervisor
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Description of Duties	Reason for Leaving
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**In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with the City of Greenwood?\_Specify office equipment, machines, computers you can operate:**

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Give the names and addresses of three (3) persons, other than relatives, who have knowledge of your character, experience or ability:

NAME	ADDRESS/PHONE NO.	OCCUPATION
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_____	_____	_____
_____	_____	_____
_____	_____	_____

### EMPLOYEE STATEMENT

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment to be terminated.

I authorize former employers to release to the City of Greenwood or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be as valid as the original.

I understand that my appointment will be at the discretion of the department head, subject, to the approval of the Mayor and that this application is the property of the city and will become a part of my file if I am accepted for employment.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**PRE-EMPLOYMENT DRUG/ALCOHOL TESTING  
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by The City of Greenwood (Hereafter referred to as "The Company") in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

**APPLICANT:**

Print Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WITNESS:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_