

APPLICATION FOR EMPLOYMENT

Our policy is to comply with all applicable state and federal laws prohibiting discrimination in employment based on 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.

		Date	
		Address	
<u> </u>			necessarily disqualify an
ribe conditions:			
te evidence of U.S. citize duties of the job which	zenship or legal	work status with the	ree (3) days?
Name & Location of School	Major	Diploma/ Degree	Other Remarks
		-	
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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: \$		Starting Position
Per:		
Date ended Ending	Date ended Ending Salary: \$	
	Per:	
Name of Supervisor		Title of Supervisor
Description of Duties		Reason for Leaving

Next most recent	employer	Address	Telep	phone
Date started	Starting	g Salary: \$ Per:	Start	ting Position
Date ended	Ending	Salary: \$ Per:	Endi	ing Position
Name of Supervi	sor		Title	of Supervisor
Description of D	uties		Reasor	n for Leaving
		ecially qualify you fo		
Give the na		ddresses of three (3) pe		
NAME ADDRESS/PHONE NO.		E NO.	OCCUPATION	
				

EMPLOYEE STATEMENT

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the atwill 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 my 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 evaluation 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:
Signature of Applicant.	Date.

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 from 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.

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anyone.		
Applicant:		
Print Name:	S.S. #:	
Signature:	Date:	
Witness:		
Print Name:	Signature:	

Disclosure, Authorization and Consent For

Pre-Employment Screening Report

I,, in connection w	vith my application for em	ployment with the City of Greenwood
hereby authorize the Employer and any	agent it authorizes to perf	form a pre-employment background
screening check (including future screen	ing for retention, promoti	on or reassignment if applicable unless
revoked in writing.)		
0,		
Please complete the information reques	ted below:	
Name:		
First	Middle	Last
Former Names:		
Name as it appears on Driver's License: _		
Driver's License or I.D. Number		
State of Issue:	Date of Birt	h:
I understand and agree to the following:		
I understand that the employer may obt job performance, and may include inform schools, former employers and reference compensation record, education, creder	mation from public and pr es concerning my driving I	ivate sources, public records, courts, record, court records, workers
I understand and release people, compa municipal, county, state and federal age the employer or its authorized agents. It employer, to the full extent permitted by reporting of information concerning me. original. I certify that the following facts and correct.	ncies and courts, to provion further release and hold hold hold hold hold hold hold hol	de all information that is requested to armless all of the above, including the claims arising from retrieving and of this document shall be valid as the
I verify and affirm that all the informatio material omission is grounds to terminat started.		•
Signature:	Da	ate: