

Please print or type.

# City of Hardeeville, South Carolina

An Equal Opportunity Employer

## Application for Employment



Employees of the City of Hardeeville and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting the Human Resources Division within the Office of the City Manager.

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**\*\*REASONABLE ACCOMODATIONS MAY BE AVAILABLE TO DISABLED APPLICANTS AND EMPLOYEES UNDER THE ADA/ADAA, IF GIVEN NOTICE BY THE APPLICANT OR EMPLOYEE.\*\***

### I. POSITION APPLYING FOR:

Position applied for \_\_\_\_\_ Department or Office \_\_\_\_\_  
(one per application)

### II. CONTACT INFORMATION:

Full legal name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_ Notification Preference  Mail  Email

### III. OTHER PERSONAL INFORMATION

Do you possess a valid driver's license?  Yes  No If Yes, provide State and Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Class (Check One)  A  B  C  D  E  F  M  G  CDL

Are you willing to relocate?  Yes  No Can you, after employment, submit proof of your legal right to work in the United States?  Yes  No

What type of job are you looking for?  Full Time  Part Time  Temporary  Internship

What types of work will you accept?  Full Time  Part Time

What shifts are you available for work?  Day  Evening  Night  Rotating

Are you at least 18 years of age?  Yes  No Are you at least 21 years of age?  Yes  No (Public Safety Dept. Applicants Only)

### IV. EDUCATION

Are you a high school graduate?  Yes  No Highest Grade Completed \_\_\_\_\_ Year Completed \_\_\_\_\_

If you did not complete high school, do you have a high school equivalency diploma?  Yes  No Date Received \_\_\_\_\_

Check number of years of post high school education  1  2  3  4  5  6  7

Starting with High School, provide complete information on all schools attended. Include any special courses or training school	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected and completion date:

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## V. EXPERIENCE

Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. **A resume may not be substituted for this section. However, a resume may be attached upon full completion of the application.**

You may list significantly different jobs within the same organization as separate items. **May we contact your present supervisor?**

Yes  No

<b>1. Job Title</b> _____	<b>Duties:</b>
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

<b>2. Job Title</b> _____	<b>Duties:</b>
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

<b>3. Job Title</b> _____	<b>Duties:</b>
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

<b>4. Job Title</b> _____	<b>Duties:</b>
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____

## VI. ADDITIONAL INFORMATION

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_

Licenses, certificates, or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

## VII. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

## VIII. ADDITIONAL INFORMATION

Have you ever been convicted for any violation(s) of law, including moving traffic violations.  Yes  No. If YES, please provide the following:

Charges	Location	Date	Disposition / Status

Do you have any relatives employed with the City of Hardeeville?  Yes  No. If YES, please provide the name and relationship of the relative:

Have you ever been discharged or forced to resign from any job?  Yes  No. If YES, please explain below:

## IX. CONSENT TO CONDUCT CERTAIN BACKGROUND CHECKS

By providing the information below and by my signature, I consent to allow authorized officers, agents, and employees of the City of Hardeeville, South Carolina to conduct certain background checks to include, but not limited to, law enforcement, a criminal records check, a credit check, a driving records check and other background investigations as applicable. I release the organization, educational entity, present and former employers, law enforcement organizations, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment. **I understand that providing my identification information below is optional, but may be required prior to being offered employment with the City of Hardeeville, South Carolina. Failure to submit your date of birth and social security number on this form will not prohibit employment consideration.**

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

## X. CERTIFICATIONS *All applications must be signed to be considered*

**AUTHORITY TO RELEASE INFORMATION**—By my signature, I consent to the release of information that may be lawful obtained to authorized officers, agents, and employees of the City of Hardeeville, South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service records; law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and employees of the City of Hardeeville, South Carolina to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organizations, all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**CERTIFICATION OF APPLICANT**—By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentations, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

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### INSTRUCTIONS TO APPLICANTS

**TO BE CONSIDERED FOR CITY EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM NOT OTHERWISE LISTED AS OPTIONAL.**

#### **WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU**

- APPLY FOR ONE VACANCY PER APPLICATION. RESUMES MAY BE SUBMITTED WITH, BUT NOT IN LIEU OF APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE). INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
- SEPARATELY LIST EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

**THANK YOU FOR YOUR INTEREST IN CITY GOVERNMENT. THE CITY OF HARDEEVILLE WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.**

**IF YOU WILL NEED REASONABLE ACCOMMODATIONS TO PARTICIPATE IN THE SELECTION PROCEDURES (E.G., INTERVIEW, WRITTEN TESTS, OR JOB DEMONSTRATION), THEN PLEASE CONTACT THE DIVISION HUMAN RESOURCES IN THE OFFICE OF THE CITY MANAGER.**

Mailing Address: Division of Human Resources  
Office of the City Manager  
PO Box 609  
Hardeeville, SC 29927  
Phone: 843-784-2231

Physical Address for  
Non-Postal Delivery:  
Division Human Resources  
Office of the City Manager  
205 East Main Street  
Hardeeville, SC 29927  
Fax: 843-784-6384

Division Human Resources  
Office of the City Manager  
205 East Main Street  
Hardeeville, SC 29927  
[www.cityofhardeeville.com](http://www.cityofhardeeville.com)

**South Carolina Firefighter Registration Act**  
**Request for Criminal Record Review**

Name: \_\_\_\_\_ (Full Given Name)

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Employee ID # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

Race: \_\_\_\_\_ Sex:  Male  Female

\*\*\*\*\*

I, \_\_\_\_\_ do hereby grant approval for the  
(Print Name)

\_\_\_\_\_ to inquire and receive any and all  
(Name of Fire Department or Employer)  
criminal information pertaining to me.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

**Mail Request To:**  
S.L.E.D. Records  
PO Box 21398  
Columbia, SC 299221-1398  
Phone: (803)737-9000  
Fax: (803)896-7022

**S.L.E.D. Should Return Information To:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reports should be returned to the  
Fire Department - Not to the  
Fire Marshal's Office.**

**\*Note to Fire Departments: Please  
include a self-addressed envelope  
for return of report from SLED.**

# South Carolina Firefighter Registration Form

South Carolina State Fire Marshal's Office

141 Monticello Trail

Columbia, SC 29203

A. Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class D/L: \_\_\_\_\_

Name of Employing Fire Department : \_\_\_\_\_

Fire Department Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FDID# : \_\_\_\_\_

Telephone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Status: \_\_\_\_\_ Paid \_\_\_\_\_ Volunteer

Background Check Completed

Employed Prior to July 1, 2001

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

Employment Date: \_\_\_\_\_

(Necessary if Employed on or After July 1, 2001)

By Signature I certify that the above named individual is eligible for registration under the provisions of Title 40, Chapter 80, South Carolina Code of Laws.

\_\_\_\_\_  
Fire Chief (Print Name) Date

\_\_\_\_\_  
Fire Chief (Signature) Date

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## B. ACTION TAKEN

Please Check (For All Actions Taken On or After July 1, 2002)

\_\_\_\_\_ Employment Date (See Section 40-80-10.B.2) Effective Date: \_\_\_\_\_

\_\_\_\_\_ Termination Effective Date: \_\_\_\_\_

\_\_\_\_\_ Voluntary Separation Effective Date: \_\_\_\_\_

\_\_\_\_\_ Retirement Effective Date: \_\_\_\_\_

\_\_\_\_\_ Inactive Effective Date: \_\_\_\_\_

\_\_\_\_\_ Member of Multiple Departments - List: \_\_\_\_\_

\_\_\_\_\_ Other (Explain) \_\_\_\_\_

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## C. Do Not Write Below This Line (For SCFM Use Only)

The named individual \_\_\_\_\_ is

Registered as a firefighter in the State of South Carolina

Registration Number: \_\_\_\_\_ Date: \_\_\_\_\_

Denied registration based on: \_\_\_\_\_