



**APPLICATION FOR EMPLOYMENT**

**CITY OF GREER**  
301 East Poinsett Street  
Greer, SC 29651  
864-848-2174 FAX: 864-416-0097

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

If you need assistance completing this application, contact the Human Resources Manager. All applications must be submitted to Human Resources for consideration.

(PLEASE PRINT)

**Position Applied for:** \_\_\_\_\_  
*If the above line is left blank or the Applicant does not specifically state what position they are applying for, the City will consider the application to be incomplete and as a result, will not consider the individual for employment. Applications are only accepted during the posting period for that position.*

**Date of Application:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Last First Middle

**ADDRESS:** \_\_\_\_\_  
Street City State Zip

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

Are you seeking: Full time, Part-Time or Temporary Employment?: \_\_\_\_\_  
Are you available for shift work? \_\_\_\_\_

Have you ever been convicted of or pled guilty to a felony? (An affirmative answer will not automatically disqualify you from employment.) \_\_\_\_\_ If yes, provide information and date: \_\_\_\_\_

Have you been employed with the City of Greer before? \_\_\_\_\_ If yes, give dates and position: \_\_\_\_\_

Please list any relatives that work for the City of Greer: \_\_\_\_\_

**IMPORTANT NOTICE**

I UNDERSTAND AND ACKNOWLEDGE THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THE CITY OF GREER IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY APPROVED BY CITY COUNCIL AND IN WRITING BY THE CITY ADMINISTRATOR.

## EDUCATION

Be advised the City of Greer may request copies of diplomas, degrees or certificates to confirm.

	Name & Address	# of Years	Major	Diploma/Degree
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER				

## EMPLOYMENT HISTORY

Include complete work history; if additional space is needed, please attach separate sheets of paper.

<b>Name of Employer:</b>	<b>Dates of Employment:</b>
<b>Address:</b>	
<b>Phone:</b>	<b>Salary:</b>
<b>Job Title:</b>	<b>Supervisor:</b>
<b>Job Duties:</b>	
<b>Reason for Leaving:</b>	

<b>Name of Employer:</b>	<b>Dates of Employment:</b>
<b>Address:</b>	
<b>Phone:</b>	<b>Salary:</b>
<b>Job Title:</b>	<b>Supervisor:</b>
<b>Job Duties:</b>	
<b>Reason for Leaving:</b>	

See Important Notice

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<b>Job Title:</b>	<b>Supervisor:</b>
<b>Job Duties:</b>	
<b>Reason for Leaving:</b>	

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<b>Job Duties:</b>	
<b>Reason for Leaving:</b>	

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<b>Address:</b>	
<b>Phone:</b>	<b>Salary</b>
<b>Job Title:</b>	<b>Supervisor:</b>
<b>Job Duties:</b>	
<b>Reason for Leaving:</b>	

**TRAINING AND SKILLS INVENTORY**

**Please list any specific training, apprenticeships, skills, professional affiliations, civic activities or honors received and any additional information that you would like to have considered a part of this application. (You may exclude any information that would reveal any legally protected status.):**

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*The City of Greer is required by the South Carolina Freedom of Information Act (SC Code 30-4-40(a)(12) to release employment information regarding no fewer than three final applicants for a public job. If you are selected as a finalist, upon receipt of a properly submitted request, the City will comply with this statute by releasing information about you except that information which is specifically exempted by the statute.*

**See Important Notice**

## REFERENCES

Please provide names and contact information of supervisors and/or individuals who have knowledge of your job performance and responsibilities.

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN
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NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN
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NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN
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### APPLICANT CERTIFICATION

I hereby certify that the answers given by me to all of the questions on this application are, to the best of my knowledge and belief, true and correct without reservations of any kind. I further affirm that I have not knowingly withheld any facts or circumstances that would materially affect this application. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities or anyone else named to provide information about me, from any liability for any damage whatsoever for issuing this information. If information in the application is found to be false or intentionally omitted, I understand that I may be subject to disciplinary action up to and including termination.

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I hereby understand and acknowledge my responsibility to notify the City if I need reasonable accommodation in any testing procedures or interviews required as a result of submission of this application. The City of Greer complies with all standards under the Americans with Disabilities Act.

I certify and understand that the City of Greer requires all persons selected for employment to undergo a physical examination and drug test and that a positive drug test will result in disqualification of my consideration for employment.

I understand that the use of illegal or controlled substances that are not prescribed for me by a doctor is prohibited.

I understand that I am required to abide by all rules and regulations of the City of Greer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



## VOLUNTARY SURVEY

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The City of Greer is an equal opportunity employer. Applicants are considered for positions without regard to race, color, gender, religion, national origin, marital status, age, or disability. The following information is gathered to comply with equal employment opportunity recordkeeping and reporting. Completion of this form is voluntary, will not be kept with your application for employment and will not be used in any hiring decision. This information will be kept confidential.

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

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

Date of Birth: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Dept.: \_\_\_\_\_

Applicant Source:

\_\_\_\_\_ Walk-in

\_\_\_\_\_ City Employee

\_\_\_\_\_ Website

\_\_\_\_\_ Advertisement, source \_\_\_\_\_

\_\_\_\_\_ Other, please specify \_\_\_\_\_

Ethnic Data: (Please check one)

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ Black

\_\_\_\_\_ Hispanic

\_\_\_\_\_ White

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Are you age 40 or over? \_\_\_\_\_ Yes \_\_\_\_\_ No