



Completed applications
must be returned to:
City Hall – Human
Resources
1207 Palm Boulevard
Post Office Box 508 Isle
of Palms, SC 29451

CITY OF ISLE OF PALMS
1207 Palm Boulevard
PO Box 508
Isle of Palms, SC 29451

APPLICATION FOR EMPLOYMENT

AT-WILL DISCLAIMER

ALL EMPLOYEES OF THE CITY ARE EMPLOYED AT-WILL AND MAY QUIT OR BE TERMINATED AT ANY TIME AND FOR ANY OR NO REASON. NOTHING IN ANY OF THE CITY’S RULES, POLICIES, HANDBOOKS, PROCEDURES, OR OTHER DOCUMENTS RELATING TO EMPLOYMENT, INCLUDING THIS APPLICATION FOR EMPLOYMENT AND ITS RELATED DOCUMENTS, CREATES ANY EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, THAT ARE CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT UNLESS: 1) THE TERMS ARE PUT IN WRITING; 2) THE DOCUMENT IS LABELED “CONTRACT;” 3) THE DOCUMENT STATES THE TERM OF EMPLOYMENT; AND 4) THE DOCUMENT IS SIGNED BY THE CITY ADMINISTRATOR OR APPROVED BY VOTE OF COUNCIL.

The City of Isle of Palms is an Equal Opportunity Employer. Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, disability, or veteran status. This application and certain information contained herein may be subject to public inspection by a Freedom of Information Act request.

Please print all answers.

Name _____

Date _____

Position(s) Applied For _____

Name _____
Last First Middle

Address _____
Street Number Street Name

_____ City State ZIP code

Telephone _____ Email Address _____

If you are applying for a position that requires you to drive, do you have a valid South Carolina driver's license. Yes No

If you are applying for a position with the Public Works Department that requires you to drive, do you have a valid Commercial Driver's License (CDL) for the State of South Carolina? Yes No If yes, what class is your CDL? _____

If you are applying for a Firefighter position with the Fire Department, are you at least 18 years of age? Yes No

Have you completed an application for the City of Isle of Palms before?
 Yes No If yes, give date _____

Have you ever been employed at the City of Isle of Palms before?
 Yes No If yes, give date _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you authorized to work in the United States? Yes No

Are you available for work: Full-Time Part-Time Shift Temporary

On what date would you be available for work? _____

Referral Source: Advertisement _____
 Friend _____ Relative _____
 Employment Agency Other _____

Have you ever been convicted of, pled guilty to, or pled nolo contendere to a felony?
Yes No (Existence of a criminal record does not constitute an automatic
bar to employment.) If yes, please explain:

List professional, trade or business organizations you are a member of, but do NOT include any that would indicate your race, color, national origin, sex, age, religion, or the existence of a disability:

EMPLOYMENT HISTORY:

Please give accurate, full-time and part-time employment record. Start with your present or most recent employer and work backward. Include military experience and any relevant volunteer experience such as volunteer firefighter, reserve officer, etc. Attach additional sheets if necessary. *Note: If you previously served in the military, you may be required to provide a copy of your DD-214 form.*

Present or Most Recent Employer _____

EMPLOYER

Name _____

Telephone _____ Fax _____

Address _____

IMMEDIATE SUPERVISOR

Name _____

Title _____

Email Address _____

Phone _____

ABOUT YOU

Job Title _____

Dates Employed _____ to _____

Pay Rate/Salary Start \$ _____ per _____

Pay Rate/Salary Final \$ _____ per _____

Describe the work you performed and your responsibilities

Reason for Leaving

Preceding Employer _____

EMPLOYER

Name _____

Telephone _____ Fax _____

Address _____

IMMEDIATE SUPERVISOR

Name _____

Title _____

Email Address _____

Phone _____

ABOUT YOU

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Name _____

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Email Address _____

Phone _____

ABOUT YOU

Job Title _____

Dates Employed _____ to _____

Pay Rate/Salary Start \$ _____ per _____

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Describe the work you performed and your responsibilities

Reason for Leaving

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize any special skills and qualifications you have

EDUCATION:

High School

Name/Location

Degree

College/University

Name/Location

Degree

Graduate/Professional

Name/Location

Degree

Number of Years Completed: High School _____ College _____ Other _____

(Do NOT provide dates of graduation.)

Describe course of study for each school _____

Describe specialized training, apprenticeship, skills, honors received, and extra-curricular activities: (Do NOT include any that would indicate your race, color, national origin, sex, age, religion, or the existence of a disability.)

State any additional information you feel may be helpful to us in considering your application. (Do NOT include any information that would indicate your race, color, national origin, sex, age, religion, or the existence of a disability.)

REFERENCES:

Name _____

Name _____

Name _____

Title _____

Title _____

Title _____

Address _____

Address _____

Address _____

Telephone _____

Telephone _____

Telephone _____

APPLICANT'S STATEMENT:

I certify that I have completed this Application and the answers I have given herein are true and complete.

I hereby authorize all employers, schools, and personal and professional references to release all records and information to the City of Isle of Palms in relation to my character, the City's investigation of my responses in this Application, and to the City's assessment of my qualifications and fit for employment with the City.

I understand that incomplete responses and false or misleading information given in my application or interview(s) may result in my not being hired, and if I am hired, may result in my discharge from employment.

I understand that I may be required to take a drug test as a part of the employment application process.

Signature of Applicant

Date

Note: Completion of Supplement A is voluntary. Your decision not to complete the Supplement will not affect the City's determination of your suitability for employment. In fact, the Supplement will be kept confidential and will be detached from the Application before the Application is forwarded to the hiring official(s).

**NOTICE TO APPLICANTS
OF EMPLOYER'S POLICY ON OBTAINING CONSUMER REPORTS**

As part of our pre-employment screening, the City of Isle of Palms ("City") might contact a consumer reporting agency to obtain your consumer reports. A consumer report includes, but is not limited to, credit reports, driving records and criminal history reports.

If the City decides to request your consumer reports, we will contact you first and obtain your written permission to access your files. If the City decides to request a consumer report on you, it will follow FCRA's requirements governing permission and use of consumer reports in the employment process.

AUTHORIZATION FOR THE RELEASE OF EMPLOYMENT INFORMATION

*[Please complete one form for each **former** employer that you have listed on your application. You may copy and attach additional forms if needed.]*

I, _____, authorize my **former**
employer, (print name)

_____, to release to the City of
Isle of (name of **former** employer)

Palms the following information regarding my former employment:

1. Dates of employment
2. Positions held
3. Wage history
4. Performance evaluations
5. Formal and informal disciplinary actions
6. Information about my job performance
7. The reason for separation of employment and all information related to the reason for separation, including, but not limited to, witness statements.
8. Breaches of contract

Signature of Applicant

Date

Please provide contact information for Former Employer:

Contact Person _____

Phone _____

Fax _____

Email _____

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Signature of Applicant

Date

<p>Please provide contact information for Former Employer:</p> <p>Contact Person _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Email _____</p>
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Signature of Applicant

Date

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Former Employer:**

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Phone _____

Fax _____

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Signature of Applicant

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Signature of Applicant

Date

**Please provide contact information for
Former Employer:**

Contact Person _____

Phone _____

Fax _____

Email _____

Supplement A Applicant Data Reporting

The City of Isle of Palms is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite all employees to voluntarily self-identify their race/ethnicity.

Completion of this portion of the application is voluntary. This data will not be considered by the City in evaluating your application, nor will your refusal to fill out this portion of the application be held against you. This portion of the application will be removed from the application prior to your application being considered and will not be seen by the hiring officials.

The information obtained will be maintained separately from your application for employment, will be kept confidential, and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

If you do not wish to self-identify, please state the position you applied for and check the box stating you do not wish to self-identify.

Position applied for _____

Please read over the categories carefully and check the ones that apply.

Gender: Male
 Female

Race: Hispanic
 White (Not Hispanic)
 Black (Not Hispanic)
 Asian/Pacific Islander
 American Indian or Alaskan Native

 I do not wish to voluntarily self-identify

Date Received _____