

City of Hanahan

MAYOR
MINNIE N. BLACKWELL

CITY ADMINISTRATOR
JOHN P. CRIBB



CITY COUNCIL
JEFF C. CHANDLER
C. KEVIN COX
MIKE DYSON
JOEL E. HODGES
DAN OWENS
MICHAEL SALLY

AUTHORIZATION TO INVESTIGATE

I, _____, permit my present and prior employers to divulge to the City of Hanahan any and all relevant personal information from my personnel file(s) which they possess. I also authorize the City of Hanahan to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of its choice. I authorize the City of Hanahan to make an investigative report whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted.

Signature of Applicant _____ Date _____

Witness _____ Date _____

The City of Hanahan is an equal opportunity employer. Applicants will be considered for employment without regard to race, religion, sex, national origin, age, gender, or disability.



CITY OF HANAHAN APPLICATION FOR EMPLOYMENT

The City of Hanahan is an equal opportunity employer. Applicants will be considered for employment without regard to race, religion, sex, national origin, age, gender, or disability.

NAME: _____ SS# _____
(Last) (First) (Middle)

PRESENT ADDRESS: _____

PHONE NUMBER: (Home): _____ (Work): _____

S.C. DRIVER'S LICENSE NUMBER: _____ EXPIRES: _____

Who should we notify in case of an emergency or an accident?

Name: _____ Relationship: _____

Address: _____ Phone #: _____

List the types of positions for which you wish to apply:

Earnings expected: \$ _____ Per: _____

Check the types of employment you would accept: Part-time Full-time

SCHOOL/LOCATION	DATES ATTENDED	HIGHEST YR GRADUATE?	DID YOU GRADUATE?	DEGREE RECEIVED

USE THIS SPACE IF ADDITIONAL ROOM IS NEEDED

EMPLOYMENT HISTORY – BEGIN WITH YOUR PRESENT OR MOST RECENT POSITION. Please include any military service and answer all questions in this section in detail.

1. Name and Address of Company _____

Phone #: _____ Type of Business: _____
Starting Date: _____ Job Title: _____
Salary: _____ Present Position: _____
Salary: _____ Date of Termination (if applicable) _____
Reason for leaving: _____

Name and title of immediate Supervisor: _____
Job Duties: _____

2. Name and Address of Company _____

Phone #: _____ Type of Business: _____
Starting Date: _____ Job Title: _____
Salary: _____ Present Position: _____
Salary: _____ Date of Termination (if applicable) _____
Reason for leaving: _____

Name and title of immediate Supervisor: _____
Job Duties: _____

3. Name and Address of Company _____

Phone #: _____ Type of Business: _____
Starting Date: _____ Job Title: _____
Salary: _____ Present Position: _____
Salary: _____ Date of Termination (if applicable) _____
Reason for leaving: _____

Name and title of immediate Supervisor: _____
Job Duties: _____

4. Name and Address of Company _____

Phone #: _____ Type of Business: _____
Starting Date: _____ Job Title: _____
Salary: _____ Present Position: _____
Salary: _____ Date of Termination (if applicable) _____
Reason for leaving: _____

Name and title of immediate Supervisor: _____
Job Duties: _____

You may use the space below and/or additional sheets to give any other information you desire concerning work experience, education, accomplishments, special skills, etc. (Examples: typing, equipment operated, etc.)

List any professional organizations to which you belong and certificates or licenses you hold:

What are your main interests outside of work? How is your leisure time spent?

Have you ever been convicted, pled no contest, or forfeited bond for a crime other than a minor traffic violation? Yes No If yes, please give details below:

DATE	WHERE CONVICTED	NATURE OF CHARGE	DISPOSITION

Are you related to anyone employed here? Yes No If yes, who and what is their relationship to you?

List three references who are not relatives or previous supervisors:

NAME	OCCUPATION	TELEPHONE NUMBER

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN:

I hereby affirm that all statements made herein are true and correct. I authorize the City of Hanahan to conduct whatever investigation it deems necessary to confirm statements submitted on this application. If investigation determines any untrue statement was made, I accept this as sufficient grounds for refusal to hire or for dismissal. I also authorize and request such former employer and person, firm or corporation, given as reference, to answer any and all questions that may be asked and to give any and all information that may be sought in connection with this application concerning my work habits, character, or skill. I agree to submit myself, upon request, for physical examination by a physician selected by the City and understand that failure to meet the physical requirements may disqualify me for employment. The use of this application form does not indicate that there are any positions available and in no way obligates the City.

Applicant's Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

Interviewer's Comments:
