

# THE TOWN OF CHESTERFIELD

## Employment Application



Return applications to: The Town of Chesterfield, Olde Towne Centre, 112 Main Street or PO Box 350, Chesterfield SC 29709

### APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone			E-mail Address		
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever been discharged or forced to resign from any job?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you have relatives or friends employed here?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

### EDUCATION

High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

### REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, THE TOWN OF CHESTERFIELD RESEERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I give The Town of Chesterfield the right to investigate all references and to secure additional information about me. I release from liability The Town of Chesterfield and its representatives for seeking such information, and all persons, corporations and organizations for furnishing such information. I hereby authorize The Town of Chesterfield to be allowed to do a criminal investigation of my background. I hereby authorize The Town of Chesterfield to be allowed to do a driving record investigation This application is current for 60 days; after that if I have not heard from The Town of Chesterfield and still want to be considered for employment, it will be necessary for me to fill out a new application.

Signature	Date
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