

**CITY OF FOUNTAIN INN  
APPLICATION FOR AT-WILL EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status. We will give this application every consideration. However, in accepting it, the City of Fountain Inn makes no commitment of employment to the applicant. This application will remain active for 60 days.

**WE ARE AN AT-WILL EMPLOYER. MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON.**

(PLEASE PRINT)

Position Applied for:	Date of Application:
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How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	City	State
Zip Code		
Telephone Number(s)		

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

If Yes, please provide name, company name and telephone \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*  Yes  No

On what date would you be available to work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "layoff" status and subject to recall?  Yes  No

Have you been convicted of a crime within the last 7 years?  Yes  No

If Yes, please explain:

- Providing the nature of the offense leading to a conviction \_\_\_\_\_
- How recent was the conviction? \_\_\_\_\_
- How many other offenses and what sentences were imposed? \_\_\_\_\_

Do you have a drivers license?  Yes  No What state issued? \_\_\_\_\_

Have you ever been in the armed forces?  Yes  No Date of entry \_\_\_\_\_

Date of discharged \_\_\_\_\_

**This application will remain active for 60 days**

## Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeships, and extra-curricular activities you have.

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Describe any job-related training received in the United States military.

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## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, origin, disabilities, or other protected status.

1.	Employer	Date Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason For Leaving			

2.	Employer	<b>Date Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address			
	Telephone Number(s)	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
	Job Title			
Reason For Leaving				
3.	Employer	<b>Date Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address			
	Telephone Number(s)	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
	Job Title			
Reason For Leaving				
4.	Employer	<b>Date Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address			
	Telephone Number(s)	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
	Job Title			
Reason For Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held.  
 You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

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**\*WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\***

## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### Specialized Skills: Check Skills/Equipment Operated

Production/Mobile

Fax

PC

Calculator

Typewriter

Machinery (list):

Other(List):

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**State any additional information you feel may be helpful to us in considering your application.**

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### References (not former employers or relatives)

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone#

Address

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone#

Address

3. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone#

Address

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## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days.

Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

**I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. 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 ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.**

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in not being considered for employment or discharge if hired. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

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## The City of Fountain Inn

In an attempt to ensure the City of Fountain Inn continued commitment to equal employment opportunities, we would appreciate you taking a moment to complete the questionnaire below.

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. P.L. 90-2-2 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70.

Today's date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Race (circle one):

Asian              African-American              Hispanic              Indian  
White              Other

Sex (circle one):

Male              Female

In the City of Fountain Inn effort to transition individuals from the welfare to work, please answer the following question:

*Are you currently receiving Food Stamps and/or a Family Independence stipend (circle one)?*

Yes              No

*This information is requested for EEO and State of Human Resources reporting purposes only.*

**This page is detached before the applicant is evaluated or forwarded to the interviewer.**