

This application form is intended for use in evaluating your qualifications for employment. All qualified applicants will receive consideration without regard to sex, race, color, age, creed, national origin, religion, disability, veteran status, uniformed servicemember, genetic information, or any other category protected by applicable federal, state, or local laws, regulations or ordinances. No question on this application is intended to secure information to be used for such discrimination. Testing of jobrelated skills may be required prior to employment.

THE CITY OF CAYCE IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. EMPLOYMENT AT-WILL MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

			5 W A P I5
Name	rst	Middle Initial	Position Applied For
Telephone Number ()		Alternate/Co	ellular Telephone Number ()
Email Address		Emergency (Contact Name and Number
Current Address			
	Stre	et, Apartment, or Unit N	lumber
			How long have you lived there/
City	State	Zip	Years Months
Previous Address			
	Stre	et, Apartment, or Unit N	Number
			How long have you lived there/
City	State	Zip	Years Months
Desired Salary/Hourly Rate		Are	you over the age of 18? Yes No
Type of employment desired?	Full-time [Part-time	(Specify Hours)
Are you willing to work overtime?	Yes No	o 🗌 Date on v	which you can start work if hired
Do you have the right to work in t	he United States?		Yes No No
Have you previously applied for e	mployment with the	e City of Cayce?	Yes No
If Yes, when and where did you ap	oply?		
Have you ever been employed by employment, location, and reason		n employment.	Yes No If Yes, provide dates of
How were you referred to the City	y of Cayce		
If referred by an employee of the	City of Cayce please	include their nam	ne



consider the nature of number of occurrences	r arrests will not automatically of the crime, its seriousness, the so s, the applicant's age at the time history, employment references	ubstantial relation to t e of the crime, the time	he position' e elapsed sir	s functions a	nd qualifications, the the applicant's entire
	special technical skills that you f Wastewater Certificate.)	eel qualify you for the	job for whic	h you are app	olying (For example,
Education	School Name and Location (Address, City, and State)	Course of Study	Graduate?	# of Years Completed	Degree/Major
20000000	, , , , , , , , , , , , , , , , , , , ,				
High School					
High School College Business/Technical/ Trade or Post College					

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with most current or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply operating name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Failure to completely respond to each inquiry may disqualify you for consideration from employment. You may attach additional pages if necessary.



Employer:			
Name Telephone ()		Address Dates Employed From	Type of Business
Job Title			
			If No, why not?
The will all the the call you give	Wileit resigning		
Employer:			
Name		Address Pates Employed From	Type of Business
Telephone ()			To
Job Title		Marring and the state of the st	
			If No, why not?
What will this employer say wa	s the reason yo	our employment was terminated?	
How much notice did you give	when resigning	? If no notice provided, explain	
Employer:			
Name		Address	Type of Business
Telephone ()		Dates Employed From	To
Job Title	_ Duties		
Supervisor's Name		May we contact? Yes \(\square\) No \(\square\)	If No, why not?
Wages: Start Final	Reas	son for Leaving	
What will this employer say wa	s the reason yo	our employment was terminated?	
How much notice did you give	when resigning	? If no notice provided, explain	



Please explain fully all gaps in your employment history in excess of one mo	onth.
Have you ever been terminated or asked to resign from any job? Has your employment ever been terminated by mutual agreement?	Yes
Have you ever been given the choice to resign rather than be terminated?	Yes No No
If you answered Yes to any of the above three questions, please explain the	e circumstances of each occasion.
REFERENCES	
Please list the names of additional work-related references we may contact list school or volunteer-related references.	ct. Individuals with no prior work experience may

NAME	POSITION	COMPANY	WORK RELATIONSHIP (Supervisor, Co-Worker)	TELEPHONE/EMAIL

APPLICANT CERTIFICATION

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate termination.

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IF HIRED, I AGREE TO CONFORM TO THE POLICIES, RULES, AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH POLICIES, RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.



I authorize the City of Cayce or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the required employment screening process.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the City of Cayce or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the City of Cayce and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

I agree to submit to a pre-employment drug testing. I understand that testing positive for the use of any illegal drug, abuse of a legal drug, use of a non-prescribed legal drug, refusal to take the test, or failure to keep the scheduled appointment for the test will generally result in denial of employment with the City of Cayce. If hired by the City of Cayce, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand that the City of Cayce employs only individuals who are legally eligible to work in the United States.

TCENTIT THAT ALL OF THE INFORMATION THAT THAVE TROVIDED ON THIS	ALL LICATION IS TROL, ACCORATE, AND
COMPLETE.	
Applicant Signature	Date

I CEPTIEV THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS ADDITION IS TRUE ACCURATE AND

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF 1 YEAR. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

Applications should be returned via email to: Idooley@caycesc.gov, via mail to: PO Box 2004 Cayce, SC 29171-2004 or in person at 1800 12th St. Cayce, SC 29033