



# City of Chesnee

201 West Cherokee St.  
Chesnee, South Carolina 29323  
Phone: (864) 461-2225  
Fax: (864) 461-3659

## APPLICATION FOR EMPLOYMENT

### AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The City of Chesnee is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, handicap, or age. We assure you that your opportunity for employment depends solely on your qualifications.

Applicants applying for positions with the City of Chesnee are required to meet the minimum qualifications or an equivalent combination of training and experience in reference to the position for which they apply before any application may be given consideration.

Please Print

Name: \_\_\_\_\_  
(Last) (First) (M) (Social Security No.)

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

List the position for which you wish to apply: \_\_\_\_\_

When could you begin work: \_\_\_\_\_

Please list Equipment you can operate: \_\_\_\_\_

Select the Highest Level of Education:

HS Diploma \_\_\_\_ Associates \_\_\_\_ Bachelor \_\_\_\_ Masters \_\_\_\_ Other \_\_\_\_

Please list any job-related certifications of license you currently hold:

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of a crime other than a minor traffic violation?**

Date	Where Convicted	Nature of Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

**Employment History:**

Name of Company \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we Contact: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we Contact: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we Contact: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List 3 Reference (non-relatives) that you have known for at least 2 years.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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I hereby authorize the City of Chesnee to run a background check and will consent to a drug test.....

\_\_\_\_\_  
Print Legal Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature