



CITY OF CHESNEE

201 West Cherokee Street
Chesnee, SC 29323
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Mayor: Bruce Mahaffey
City Attorney: Lawrence E. Flynn
City Administrator: Delisa Coggins

Chief: Randy Main
Lieutenant: Tyler Poteat

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: _____

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