



**CITY OF BEAUFORT**  
**POST OFFICE DRAWER 1167**  
**BEAUFORT, SC 29901-1167**  
 (843) 525-6016 FAX (843) 525-7013  
 Web Address: [www.cityofbeaufort.org](http://www.cityofbeaufort.org)

## APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: \_\_\_\_\_

### PERSONAL DATA

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_

Driver's License # and State \_\_\_\_\_ CDL # and Class \_\_\_\_\_

Person to contact in case of an emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

### EDUCATIONAL DATA

EDUCATION	NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE	MAJOR OR COURSE OF STUDY
High School					
Business/Trade/ Technical School					
College					
Graduate School					
Other					

### SPECIAL SKILLS

List any special skills or qualifications you have (including certifications, licenses, etc.). \_\_\_\_\_

#### FOR OFFICIAL USE ONLY

Type of Test	TEST		Date	INTERVIEW NOTIFICATION	
	Results/Score			Time	Comments



**Each question must be answered completely. List work history including, part-time, temporary, self-employment and military service beginning with your present or most recent position.**

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Name of Company \_\_\_\_\_ Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Entry Job Title \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ Per  
MO Yr

Ending Date \_\_\_\_\_ Ending Job Title \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Per  
MO Yr

Detailed Description of Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Name of Company \_\_\_\_\_ Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Entry Job Title \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ Per  
MO Yr

Ending Date \_\_\_\_\_ Ending Job Title \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Per  
MO Yr

Detailed Description of Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

6

Name of Company \_\_\_\_\_ Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Entry Job Title \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ Per  
MO Yr

Ending Date \_\_\_\_\_ Ending Job Title \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ Per  
MO Yr

Detailed Description of Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Have you ever been employed by the City of Beaufort? Yes \_\_\_ No \_\_\_ What Year? \_\_\_

Are you related to anyone presently employed by the City of Beaufort? Yes \_\_\_ No \_\_\_

If "yes", give name and relationship \_\_\_\_\_


### PERSONAL REFERENCES

**Give the names and addresses of three persons, not relatives or former employers, who know you.**

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Answer the questions below only if the Position you are applying for is in Law Enforcement.** 

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? Yes \_\_\_ No \_\_\_

If yes, please explain. \_\_\_\_\_

**Answer the questions below if the position you are applying for is in Finance or requires bonding.**

Have you ever been convicted of a crime other than a minor traffic violation? Yes \_\_\_ No \_\_\_

If yes, please explain. \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN.**

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

I hereby authorize the City of Beaufort to conduct whatever investigation it deems necessary to confirm statements submitted on this application. If the investigation determines any untrue statements or answers, I accept this as sufficient reason for refusal to hire.

I authorize and request each person, former employer, firm, or corporation, given as reference, to answer any and all questions related to my current and past work performance, character or skills. I hereby release from liability, the employer and its representatives for seeking such information and all persons, corporations or organizations for furnishing such information.

In the event of employment, I understand that false or misleading information given on my application or during my interview (s), may result in dismissal. I also understand, that I am required to abide by all rules and regulations of my employer.

As prerequisite to my employment, I agree that I will consent to and undergo testing to detect the presence of drugs and/or alcohol. If employed by the City of Beaufort, I further agree, as a condition of my employment, that at such time or times during my employment as the City of Beaufort shall require, I will consent to and undergo testing for the presence of drugs and/or alcohol. I also agree that at the time of any such examinations, I will execute all forms of consent and release of liability as are usually and reasonable attendant to such examination. Finally, I agree that the results of any such examination shall be made available to the City of Beaufort or its agents.

I agree to submit myself, upon request, for a physical examination by a physician selected by the City and understand that failure to meet the physical requirements may disqualify me for employment. In the event of my employment, I understand that I have the right to quit or leave my employment with proper notification and I further understand, my employer has the right to terminate my employment at any time for any reason in accordance with my employer's Personnel Policies.

Applicant's Signature  \_\_\_\_\_ Date \_\_\_\_\_

**ALL APPLICANTS NOT CONTACTED WITHIN 30 WORKING DAYS AFTER APPLICATION CLOSING DATE, MAY CONSIDER THE POSITION FILLED.**



# CITY OF BEAUFORT

## EEO REPORTING AND PERSONNEL RESEARCH QUESTIONNAIRE

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Dear Applicant:

The City of Beaufort is an Equal Opportunity Employer and considers applicants for all positions without regard to race, religion, color, political affiliations, disability, national origin, gender or age; except when either gender, age or physical condition is a bona fide occupational qualification. We ask applicants to supply the following information in order to satisfy Equal Opportunity reporting and personnel research requirements. However, you do not have to complete this form to be considered for employment. Any information volunteered will be kept confidential and will not be used to make hiring decisions.

*This form will be removed prior to being forwarded to the hiring authority.*

**Race:** (Check appropriate box)

American Indian/Alaskan Native

Asian/Pacific Islanders

Black/Non Hispanic

Hispanic

White/Non Hispanic

**Sex:** (Check appropriate box)

Male

Female

*Please check a box indicating the source that referred you to this position:*

**Newspaper:**

The Beaufort Gazette

The Carolina Morning News

The Gullah Sentinel

The Post and Courier

The STATE Newspaper

Other: \_\_\_\_\_

**Website:**

Beaufort Gazette Website  
<http://www.beaufortgazette.com/>

City of Beaufort Website  
<http://cityofbeaufort>

LowCountrynow.com  
<http://www.lowcountrynow.com>

LowCountryWOW  
<http://www.lewow.com/>

RegionalHelpWanted.Com  
<http://regionalthelpwanted.com/corporate/>

SC Employment Security Commission  
<http://www.sces.org/Jobs>

Other: \_\_\_\_\_

**Other Sources:**

City Employee

City Hall Job Board

Job Service @ 914 Boundary Street

Other: \_\_\_\_\_

Submit this page with your application.

**FOR INTERNAL OFFICE USE ONLY**  
**SCREENING AND INTERVIEWING REPORT**

TO: INTERVIEWER

*The criteria used in selecting applicants for interviews must be applied consistently to all applicants. Selection of an applicant should not be based on race, religion, creed, sex, age, disability, or national origin. This form must be completed, signed and returned to the Human Resources Department after you have selected the applicant that is best suited for the vacant position.*

Name of Applicant \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

TO BE COMPLETED BY THE INTERVIEWER.

1. Was the applicant interviewed? Yes \_\_\_\_\_ No \_\_\_\_\_

A. If yes, date interviewed. \_\_\_\_\_

Comments: \_\_\_\_\_

B. If no, why not? \_\_\_\_\_

\_\_\_\_\_

2. Is applicant recommended for hire? Yes \_\_\_\_\_ No \_\_\_\_\_

A. If yes, why? \_\_\_\_\_

B. If no, why not? \_\_\_\_\_

\_\_\_\_\_

Listed below are only examples of reasons for denial of employment:

- 1. Unable to reach for interview.
- 2. Did not show up for interview.
- 3. Cannot meet work schedule.
- 4. Less related experience than person considered/selected.
- 5. Less related training/education that person considered/selected.
- 6. Less skills than person selected.
- 7. Failure to pass required test(s).
- 8. Other (Specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_