



CITY OF ABBEVILLE APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire

The City of Abbeville is a DRUG FREE Work Place and an Equal Opportunity Employer

Please use ink, complete entire form, sign and attach additional pages if needed. Resumes may be attached.

Date: _____ Position Applying For: _____

Name: _____
First Middle Last Suffix

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Drivers License Number & State: _____ Type: _____

In Case of Emergency, whom do we notify: Name: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Are you 18 years of age or older? Yes No

Are you related to anyone currently employed by the City? Yes No

If so, please explain (List their name): _____

*Have you ever been convicted of a felony or first-degree misdemeanor? Yes No If "YES", what charges?

Where convicted? _____ Date of Conviction: _____

*Have you ever pled Nolo Contendere or pled guilty to a crime, which is a felony or first-degree misdemeanor?
Yes No If "YES", what charges?

Where convicted? _____ Date of Conviction: _____

*Have you ever had the adjudication of guilt withheld for a crime, which is a felony or a first-degree misdemeanor?
Yes No If "YES", what charges?

Where convicted? _____ Date of Conviction: _____

***NOTE:** A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

Are you prevented from lawfully becoming employed in this country because of visa or Immigration Status? Yes No

Date you could start work: _____ Salary/Hourly rate desired? _____

Are you currently employed? Yes No If yes, may we contact your current employer? Yes No

Have you ever applied to work with the City before? Yes No

Did you serve in the Military? Yes No Which branch: _____

EDUCATION	NAME & LOCATION	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
High School				
College				
Graduate Studies				
Trade, Business or Other School				

Please list any special skills, certification or licenses you may have: _____

Former Employers (List your last three employers starting with the most recent)

DATES EMPLOYED	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION HELD	REASON FOR LEAVING
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				

REFERENCES: Please list the name of three people not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS THEY ARE IN	YEARS KNOWN
1.			
2.			
3.			

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE CITY'S PERSONNEL POLICIES AND PROCEDURES AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME AT EITHER MY OR THE CITY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE CITY. I UNDERSTAND THAT NO CITY REPRESENTATIVE OTHER THAN ITS MAYOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE MAYOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I ALSO UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT, I WILL UNDERGO A PRE-EMPLOYMENT DRUG TEST, MOTOR VEHICLE RECORDS AND A BACKGROUND CHECK. BY SIGNING BELOW, I GIVE CONSENT TO PERFORM THE REQUIRED BACKGROUND CHECKS (DRIVERS AND/OR CRIMINAL).

Date: _____ Signed: _____

DO NOT WRITE BELOW THIS LINE

Hired on: _____ Position: _____

Department: _____ Rate: _____ per hour per week Annually

Starting date: _____ City Clerk: _____

Department Head: _____ Mayor: _____