

**ALL Applications for Employment MUST be returned to:**

City of Columbia Human Resources Office

1225 LADY Street (corner of LADY & Sumter) - (PO Box 147), Columbia, SC 29217-0147

**FAILURE TO RETURN TO THE HUMAN RESOURCES OFFICE MAY RESULT IN DISQUALIFICATION THIS APPLICATION, OR ANY PART THEREOF, IS NOT A CONTRACT FOR EMPLOYMENT**

**I. APPLYING FOR: LIST EACH POSITION BY POSITION TITLE ONLY**

<b>First Position Title</b>	<b>Second Position Title</b>	<b>Third Position Title</b>	<b>Fourth Position Title</b>

**EMPLOYMENT OFFICE USE ONLY - Position(s) Open Within the Following Department/Division(s):**

Dept/Div	EEOC	Status*	5	Dept/Div	EEOC	Status*	9	Dept/Div	EEOC	Status*
1										
2			6				10			
3			7				11			
4			8				12			

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

**\*STATUS: HIRING AUTHORITY:** You **MUST** contact Human Resources **PRIOR** to making a job offer to an applicant in the Drug Program.

**\* Q = Qualified:** Meets applicable experience &/or special requirement. **DQ = Disqualified:** Lacks applicable experience &/or special requirement.

Failure to complete all sections or to sign this application will cause delay or disqualification for employment.	<b>You MUST provide your Social Security Number on Page 4A of this application.</b>	<b>THE CITY OF COLUMBIA IS AN EQUAL OPPORTUNITY EMPLOYER</b>
---	---	--

**II. APPLICANT'S DATA:**

**Date Of Application:** \_\_\_\_\_

<b>APPLICANT'S NAME (Print)</b>			
	<small>PRINT LAST NAME</small>	<small>PRINT FIRST NAME</small>	<small>Middle Initial</small>

Current Home Address:					
	<small>Street Number - Street Name</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>	

Telephone Numbers:	Home Phone: (AC) _____	Work Phone: (AC) _____	May we call you at work? /Yes _____ /No _____
	Cell Phone: (AC) _____	Pager Number: (AC) _____	Instructions: _____

E-mail Address: \_\_\_\_\_

**II. (1) ARE YOU A CURRENT CITY OF COLUMBIA EMPLOYEE?**  **/YES\*** EMPLOYEE I.D. Number

**\*If "YES" YOU MUST COMPLETE SECTION VIII ON PAGE 3 - ITEM (1) Present Employer**  **/No** \_\_\_\_\_

**II. (2) Do you possess a VALID driver's license?**  **/No**  **/Yes\*** \*State \_\_\_\_\_ \*License #: \_\_\_\_\_

**II. (3) Class Type (Check One):**  **/A**  **/B**  **/C**  **/D**  **/E**  **/F**  **/G**  **/M** Expiration Date: \_\_\_\_\_

**II. (4) Endorsements?**  **/Yes \***  **/No** \*If Yes, Identify: \_\_\_\_\_ Restrictions?  **/Yes\***  **/No** \*If Yes, Identify: \_\_\_\_\_

**Work Schedule Preferred:**  **/Full-Time**  **/Part-Time** Part-Time Hours: \_\_\_\_\_  **/Temporary**

The City of Columbia adheres to and complies with the Drug Free Workplace Act. All applicants selected for employment are offered a "Conditional Offer of Employment" contingent upon successful completion of all Pre-Employment screening processes such as, but not limited to the following: Drug/Alcohol Screening Test, Health Screening, SLED/NCIC Background Check, Driver's License Check, etc. Failure to successfully complete this process will be cause for the City to withdraw its "Conditional Offer of Employment".

APPLICATIONS WILL REMAIN ACTIVE IN THE HUMAN RESOURCES OFFICE FOR TWO (2) MONTHS FROM THE DATE SUBMITTED.  
A RESUME MAY BE SUBMITTED BUT YOU MUST ALSO SUBMIT A FULLY COMPLETED EMPLOYMENT APPLICATION.

It is to your benefit to follow the application procedures since there are often many applicants for each job opening. To be considered, you must possess the required minimum qualifications, i.e., the related education, training & experience and any special requirement(s). Testing is not usually required; however, special testing is required for applicants seeking positions with the Columbia Police Department and the Columbia Fire Department. Also, a performance test (typing test) is required for all positions that indicate **TYPING TEST REQUIRED**.

**FOR CURRENT JOB VACANCIES CALL JOBS LINE AT: (803) 545-3001 or go to: [www.columbiasc.net/jobs](http://www.columbiasc.net/jobs)**

**(If this application has been downloaded from the City's Web Page – make sure this is all on Page 1 ONLY)**

III. (1) Are you age 18 or older?  /Yes  /No  III. (2) Are you authorized to work in the United States?  /Yes  /No

III. (3) Are you a PREVIOUS City of Columbia Employee?  /Yes\*  /No  \*If Yes, complete the following:

NOTE: If you are a CURRENT City of Columbia Employee – YOU MUST COMPLETE SECTION VIII. On PAGE 3 – ITEM (1)/Present Employer.

Department/Division	Supervisor's Name	Position	From (Month/Year)	To (Month/Year)

Describe your duties:

Reason for leaving (be specific)

Your Employee ID Number:

**III.(4) DO YOU HAVE ANY RELATIVES EMPLOYED WITH THE CITY OF COLUMBIA?**

YES\*   
NO

\*If Yes, complete the following.

Employee's Name	Department/Division	Relationship

**IV. EDUCATION**

**TELL US ABOUT YOUR EDUCATION:**

Name of High School, Technical or Trade School, College	City	State	Check Year Completed				Graduated		Type & Name of Degree or Certificate	If College: Major/Minor
			1	2	3	4	Yes	No		
High School:										If you did not graduate from high school complete Section IV. (1) below.
Technical School:										
Trade School:										
College:										
College:										

IV. (1) If you did not graduate from high school, do you possess a valid GED High School Certificate?  /Yes\*  /No

\*If Yes, provide the following: Date Obtained:  State:

**V. SKILLS (Complete this section if required for the job)**

DO YOU TYPE?	WORD PROCESSING?	DATA ENTRY?	SPREADSHEET?	Other Computer Software?
<input type="checkbox"/> /Yes* <input type="checkbox"/> /No	<input type="checkbox"/> /Yes* <input type="checkbox"/> /No	<input type="checkbox"/> /Yes* <input type="checkbox"/> /No	<input type="checkbox"/> /Yes* <input type="checkbox"/> /No	<input type="checkbox"/> /Yes* <input type="checkbox"/> /No
<input type="checkbox"/> *CWPM	<input type="checkbox"/> *List Types Below:	<input type="checkbox"/> *Speed Strokes:	<input type="checkbox"/> *List Types Below:	<input type="checkbox"/> *List Types Below:

V.(1) LIST ANY SKILLS, QUALIFICATIONS, LICENSES OR CERTIFICATIONS THAT WILL BE OF BENEFIT IN THE JOB(S) FOR WHICH YOU ARE APPLYING.

V.(2) LIST ALL THE TYPES OF EQUIPMENT, TRUCKS, ETC, YOU CAN DRIVE OR OPERATE THAT ARE REQUIRED FOR THE JOB(S) FOR WHICH YOU ARE APPLYING

V Did you serve in the Armed Services? Check  /Yes  /No

VII. Have you ever worked under another name?  /Yes\*  /No  \*If Yes, what name(s):

**NOTE: Failure to complete all sections or to sign this application will cause delay or disqualification for employment.**

(If this application has been downloaded from the City's Web Page – make sure this is all on Page 2 ONLY)

## VIII. Employment HISTORY - WORK EXPERIENCE

List jobs **STARTING WITH YOUR PRESENT or LAST JOB.** You may list work history such as volunteer, part-time, temporary, self-employment and military. **Provide work history for at least the past 10 years.**

**NOTE: CURRENT CITY EMPLOYEES MUST COMPLETE ITEM (1) BELOW.**

Have you included a Resume?  /Yes\*  /No **\*If yes, you still MUST complete the following information.**

<b>(1) Present or Last Employer/Company's Name</b> <small>Note: Current City Employee List Current Div.</small>		From		To		Starting Salary	Last Salary
		Month	Year	Month	Year		
Company Address <small>(Current City Employee: List Current Division Location)</small>		Position Title:		Describe your duties:			
Company City & State/Zip Code <small>(Current City Employee: List Current Division Location)</small>							
Telephone Number	AC:						
Supervisor's Name:							
May We Call?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	/Reason:		
Check One	<input type="checkbox"/>	<b>Reason for Leaving or Wanting to Leave (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)</b>					
	<input type="checkbox"/>	FT					

<b>(2) Previous Employer/Company's Name</b>		From		To		Starting Salary	Last Salary
		Month	Year	Month	Year		
Company Address		Position Title:		Describe your duties:			
Company City & State/Zip Code							
Telephone Number	AC:						
Supervisor's Name:							
May We Call?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	/Reason:		
Check One	<input type="checkbox"/>	<b>Reason for Leaving (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)</b>					
	<input type="checkbox"/>	FT					

<b>(3) Previous Employer/Company's Name</b>		From		To		Starting Salary	Last Salary
		Month	Year	Month	Year		
Company Address		Position Title:		Describe your duties:			
Company City & State/Zip Code							
Telephone Number	AC:						
Supervisor's Name:							
May We Call?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	/Reason:		
Check One	<input type="checkbox"/>	<b>Reason for Leaving (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)</b>					
	<input type="checkbox"/>	FT					

Have you included **additional** Employment History - Work Experience Page?  /Yes/See Continuation Page 3A  /No

(If this application has been downloaded from the City's Web Page – make sure this is all on Page 3 ONLY)

<b>APPLICANT'S NAME (PRINT)</b>			
	<small>(Last Name)</small>	<small>(First Name)</small>	<small>M.I.</small>

**STOP - READ THIS CAREFULLY**  
**YOU MUST COMPLETE PAGE \*\*3\*\* OF THE APPLICATION FIRST**  
**THIS IS A CONTINUATION OF PAGE \*\*3\*\* ONLY**

<b>Did you complete Page 3</b> of the application?	<b>/Yes Continue below:</b>	<b>/No/STOP and go back to Page 3</b>
--	-----------------------------	---------------------------------------

(4) Previous Employer/Company's Name				From		To		Starting Salary	Last Salary
				Month	Year	Month	Year		
Company Address				Position Title:					
				Describe your duties:					
Company City & State/Zip Code									
Telephone Number	AC:								
Supervisor's Name:									
May We Call?		Yes	No	/Reason:					
Check One	FT	<b>Reason for Leaving (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)</b>							
	PT								

(5) Previous Employer/Company's Name				From		To		Starting Salary	Last Salary
				Month	Year	Month	Year		
Company Address				Position Title:					
				Describe your duties:					
City & State/Zip Code									
Telephone Number	AC:								
Supervisor's Name:									
May We Call?		Yes	No	/Reason:					
Check One	FT	<b>Reason for Leaving (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)</b>							
	PT								

(6) Previous Employer/Company's Name				From		To		Starting Salary	Last Salary
				Month	Year	Month	Year		
Address				Position Title:					
				Describe your duties:					
City & State/Zip Code									
Telephone Number	AC:								
Supervisor's Name:									
May We Call?		Yes	No	/Reason:					
Check One	FT	<b>Reason for Leaving or Wanting to Leave (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)</b>							
	PT								

T:\Employment\Application-Master\Regular\2005\page4A-eeo-r05-2005-1rm.DOC

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTIONS OF THIS REPORTING FORM**

NAME: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
(Print Last Name) (Print First Name) MI

How did you **FIRST** hear about this position? **CHECK OR X ONE** of the following?

<input type="checkbox"/>	A	City's Job Posting (Location):	<input type="checkbox"/>	J	Job Fair – Urban League	<input type="checkbox"/>	S	Referred by – Name:
<input type="checkbox"/>	B	Walk-In	<input type="checkbox"/>	K	Job Fair – Identify Where:	<input type="checkbox"/>	T	School – Name:
<input type="checkbox"/>	C	City's Jobs Line (545-3001)	<input type="checkbox"/>	L	Job Fair – Mayors Committee/ Employment of People w/Disabilities	<input type="checkbox"/>	U	TV Channel – Identify:
<input type="checkbox"/>	D	City's Web Site columbiasc.net –CITY JOBS	<input type="checkbox"/>	M	Job Service – One Stop	<input type="checkbox"/>	V	Urban League
<input type="checkbox"/>	E	Community Relations Council	<input type="checkbox"/>	N	Journal/Publication – Name:	<input type="checkbox"/>	W	Vocational Program
<input type="checkbox"/>	F	Department of Corrections	<input type="checkbox"/>	O	Newspaper:	<input type="checkbox"/>	X	WIP – Work Initiative Program
<input type="checkbox"/>	G	Employment Agency (Name):	<input type="checkbox"/>	P	Newspaper – Name of Newspaper:	<input type="checkbox"/>	Y	Works Program
<input type="checkbox"/>	H	Internet (Site) – Identify:	<input type="checkbox"/>	Q	Other – Identify:	<input type="checkbox"/>	Z	City Use Only
<input type="checkbox"/>	I	Job Corps	<input type="checkbox"/>	R	Radio Station – Identify:			

**NOTE:** The information requested ABOVE is needed to analyze and assure compliance with Federal Equal Employment Opportunity laws, as well as meet the reporting requirements of those laws. **YOUR SIGNATURE IS REQUIRED (SEE BELOW).**

**EQUAL EMPLOYMENT OPPORTUNITY REPORTING AND RESEARCH FORM**

**THIS FORM IS RETAINED IN THE HUMAN RESOURCES OFFICE FOR RECORD KEEPING PURPOSES ONLY.**

SEX (Check or X One):  MALE  FEMALE

DATE OF BIRTH: \_\_\_\_\_

**POLICE OFFICER APPLICANTS ONLY:** Are you 21 Years of age or older?  Yes  No

**All applicants:** Are you 18 years of age or older?  Yes  No

**ETHNIC GROUP (Check or X One of the following):**

<input type="checkbox"/>	Caucasian (White) Non-Hispanic (W)	<input type="checkbox"/>	Asian or Pacific Islander (AP)
<input type="checkbox"/>	African-American (Black) Non-Hispanic (B)	<input type="checkbox"/>	American Indian or Alaskan Native (AI)
<input type="checkbox"/>	Hispanic (H)		

**MISCELLANEOUS:** Identify any **REASONABLE ACCOMMODATIONS** that would be needed to perform the essential functions of the position(s)

for which you are applying: \_\_\_\_\_

**NOTE:** The information requested **above** regarding race, color, sex, age, national origin, disability status and reasonable accommodation, for qualified individuals with disabilities, **is needed** to analyze and assure compliance with Federal Equal Employment Opportunity laws, as well as meet the reporting requirements of those laws. Your cooperation in providing this information is important to the success of our equal employment opportunity and affirmative action programs.

This EEO Reporting and Research Form will be retained in the Human Resources Office with your original application. The Human Resources Office only sends a **copy** of your **application** to the Hiring Authority. The information contained in this form will **not** be used in the hiring or interviewing process and will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information **will not** subject you to adverse treatment.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT.

(APPLICANT'S SIGNATURE - IN INK)

Today's Date

**HUMAN RESOURCES OFFICE USE ONLY - DO NOT COPY - DO NOT SEND**

Have you **EVER** been **CONVICTED** of **ANY** criminal offense(s) **EVER\*\***:

<input type="checkbox"/> <b>YES* (If yes, list below)</b>	<input type="checkbox"/> No
---	-----------------------------

**\* If yes, you MUST provide the following information for ALL CONVICTIONS**

Conviction(s)	Where Convicted/Arresting Authority & City/State	Date (Mo/Yr)	Court Disposition

If more space is needed, attach addition sheet(s) of paper – **BE SURE TO LIST ALL CONVICTIONS.**

**\*\*NOTE: Include above if you were EVER CONVICTED of an offense including, but are not limited to a FELONY, MISDEMEANOR, ETC. Examples: Driving Under the Influence of Intoxicating Beverages, Possession of Drugs, Bad or Fraudulent Checks, Non-Payment of Child Support, Failure to Appear, etc. List every conviction since you were 18 years of age or older even if you believe you made restitution, i.e., paid a fine, etc. You MUST list ALL convictions. Do not list minor vehicle violations, such as non-payment of parking tickets or any offense committed before your 17<sup>th</sup> birthday, which was adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense does not disqualify you for employment in all cases. Each case is considered individually, based on a number of factors including the nature of the crime, how long ago the crime and/or release from incarceration occurred, whether a sufficient or satisfactory work record has been established since the crime and/or release from incarceration, and the position applied for. HOWEVER, failure to disclose ALL criminal CONVICTIONS WILL disqualify you for employment with the City.**

**ATTENTION – READ THIS**

The City of Columbia runs a SLED or NCIC check on applicants selected for employment as part of the “Conditional Offer of Employment” process. You need to know that the City will withdraw its “ Conditional Offer of Employment” if the City receives a report that has ANY convictions and you have not listed them above -- **IF IN DOUBT, LIST IT.**

**X. REFERENCES**

Name	Address / City/State / Zip Code	Phone w/Area Code
1.		
2.		
3.		

**XI. SIGNATURES**

**Authority to Release Information:** By my signature, I consent to the release of information to duly authorized officers, agents and/or employees of the City of Columbia, S.C. This may include, but not be limited to, information concerning my past and present work including my official personnel files, attendance records, evaluations, educational records including transcripts, military service, law enforcement records, and/or any personnel record deemed necessary to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organizations and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

<b>X. (1) - Original Signature:</b>	<b>Date:</b>
-------------------------------------	--------------

**Certification of Applicant:** By my signature, I affirm, agree and/or understand that all statements on this application or attachments hereto, are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application or attachments hereto, may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work. If employed by the City of Columbia, S. C., I agree to adhere to the City’s Drug Free Workplace policy. I further certify that I have/or I am adhering to all outstanding government student loan commitments.

<b>X. (2) - Original Signature:</b>	<b>Date:</b>
-------------------------------------	--------------

**NOTE: Failure to complete all sections or to sign this application will cause delay or disqualification for employment.**

(If this application has been downloaded from the City’s Web Page – make sure this is all on Page 4 ONLY)