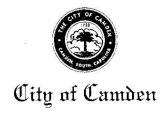
## EMPLOYMENT APPLICATION FOR OFFICE USE ONLY (Please Print & Answer All Questions Completely) PURGE DATE City of Camden P.O. Box 7002 Position(s) Applied For: Camden, S.C. 29021 Date \_\_\_\_\_ (803) 432-2421 Date www.cityofcamden.org PERSONAL SOCIAL SECURITY NUMBER NAME (First) (Last) Present Mailing Address (Street & No. or RFD) (City) (State) Permanent Mailing Address (State) (Street & No. or RFD) (City) (Zip Code) If none, where can you be reached by phone: Telephone: Home Business Whom would you want notified in case of an emergency? Name Relationship Telephone No: Complete address: **MILITARY** If yes, what branch? Were you in the US Armed Forces? Dates of Duty from to Rank at Discharge List Duties in Service including Special Training If yes, please describe Have you taken any training under the G.I. Bill? GENERAL What type of license do you have? License Number (Driver's of Chauffeur's) Issued in what State? What is the expiration date? Are you presently employed? Do you mind if we contact your current employer? Have you ever worked for The City of Camden before? If yes, please give date(s) Who referred you to The City of Camden for work? Are you related by blood or marriage to any person now employed by The City of Camden? If yes, give name(s) & relationship(s) What is your opinion of working evenings, Saturdays, and Sundays? How many days notice would you require before reporting for work? Have you ever been convicted of a criminal charge? Yes No Is there any other information you feel is relevant to your qualifications? **REFERENCES**: List (3) persons who are familiar with your qualifications for employment: Address (A) Name (B) Name Address Address (C) Name

THE CITY OF CAMDEN IS COMMITTED TO EQUALITY IN ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, IT'S PROGRAMS AND ACTIVITIES AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES BASED ON RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE OR DISABILITY.

<b>EDUCAT</b>	ION -	Give your	comp	lete educational	histo	ory bel	ow:						
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CERTIFICATE OF APPLICANT  I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience,													
and that if employed, false statements on this application shall be sufficient cause for dismissal.													
and that I	. Jp.	-, -u, Iuioo (							04450 101				
				App	ıııcaı	nt's S	igna	iture					



South Carolina

1000 Lyttleton Street Camden, South Carolina 29020 (803) 432-2421

(Date)	

## **AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY INFORMATION**

Name of Individual:					
•	Last	First	Middle / Maiden		
Name of Employer Aut	horized to Request Information:	CITY OF CAMDEN			
Social Security Numbe	r of Applicant:		_		
Date of Birth:					
Address of Applicant:					
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• '	al employment, and hereby autho ou have concerning me to the abo	•	•		
•	on of this release or copy hereof.	ive employer, i	ts substataties, of its		
I hereby release any ar	nd all of the above and The City o	f Camden from	n any and all liability for		
•	ind which may at any time result	-	-		
oecause of compliance attempt to comply with	with this authorization and reque it.	st to release in	formation, or any		
	(Signature)		(Date)		
	(Witness)		(Date)		

only and will be retained separate from the application for employment. 1. Name 2. Social Security Number (Last) (Middle) 3. Date of Birth 4. Citizenship U.S. Other - Specify (Day) (Year) **EQUAL EMPLOYMENT STATISTICAL INFORMATION** 7. Marital Status ☐ Single Fngaged Divorced

Please complete the information requested below. This information is necessary for statistical purposes

J. LIIIII	ic background	U. Sex							
□(A	) White	☐ (1) Male	☐Married	□ Separated	<b></b> ☐ Widowed				
□(B	) Black	(2) Female							
□(C	) Hispanic								
□(D	) Asian or Pacific Islander								
<u></u> □(E	) American Indian or Alaskan Na	ative							
☐(F	) Other								
8. Who referred you to The City of Camden for work?									
9. Posit	ion(s) applied for								
10. Wh	at method of transportation will y	ou use to get to work?	·						
<u> </u>									
Date		Applicant's Signature							