



We Are Columbia

**CITY OF COLUMBIA - APPLICATION FOR EMPLOYMENT**

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

City of Columbia Office of Human Resources

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

FOR CURRENT JOB VACANCIES go to: <http://www.columbiasc.net/jobs>

**THIS APPLICATION, OR ANY PART THEREOF, IS NOT A CONTRACT FOR EMPLOYMENT**

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

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

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

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/Re: Meets applicable experience &/or special requirement. DQ = Disqualified/Re: Lacks applicable experience &/or special requirement.**

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, a performance test (typing test) is required for all positions that indicate TYPING TEST REQUIRED. Special testing is required for applicants seeking positions with the Columbia Police Department and the Columbia Fire Department.

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>
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**II. APPLICANT'S DATA:**

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

<b>APPLICANT'S NAME (Print)</b>	PRINT LAST NAME	PRINT FIRST NAME	Middle Initial
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Current Home Address:	Street Number - Street Name	City	State	Zip Code
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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 #: \_\_\_\_\_

**11. (3) Is this a (please check one):**  Non-Commercial (regular) License  Commercial Driver's License (CDL)

**II. (4) Class Type (Check One):** /A /B /C /D /E /F /G /M Expiration Date: \_\_\_\_\_

**II. (5) 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 EMPLOYMENT OFFICE FOR TWO (2) MONTHS FROM THE DATE SUBMITTED.

A RESUME MAY BE SUBMITTED BUT YOU MUST ALSO SUBMIT A FULLY COMPLETED EMPLOYMENT APPLICATION.

FOR CURRENT JOB VACANCIES go to: <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				
<b>*CWPM</b>	<b>*List Types Below:</b>	<b>*Speed Strokes:</b>	<b>*List Types Below:</b>	<b>*List Types Below:</b>

**V.(1) LIST ANY LICENSES, CERTIFICATIONS, SKILLS OR QUALIFICATIONS 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**

**VI.** 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)

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 EMPLOYEE'S MUST COMPLETE ITEM (1) BELOW.**

Have you included a Resume?	<input type="checkbox"/>	/Yes*	<input type="checkbox"/>	/No	*If yes, a resume may be submitted; however, you MUST submit a fully completed employment application.
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<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?		Yes	No	/Reason:			
Check One	FT	<b>Reason for Leaving or Wanting to Leave (BE SPECIFIC)</b>					
	PT						

<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?		Yes	No	/Reason:			
Check One	FT	<b>Reason for Leaving (BE SPECIFIC)</b>					
	PT						

<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?		Yes	No	/Reason:			
Check One	FT	<b>Reason for Leaving (BE SPECIFIC)</b>					
	PT						

**For additional Employment History, please attach a resume or separate sheets of paper (your name must be on each sheet)**  
**(If this application has been downloaded from the City's Web Page – make sure this is all on Page 3 ONLY)**



**CITY OF COLUMBIA REPORTING FORM**

**ALL APPLICANT'S MUST COMPLETE THE FOLLOWING SECTIONS OF THIS REPORTING FORM**

<b>NAME:</b>				<b>S.S. #:</b>										
	(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"/>	1	City's Job Posting (Location):	<input type="checkbox"/>	5	Internet (Site) – Identify:	<input type="checkbox"/>	9	Newspaper – Name of Newspaper:
<input type="checkbox"/>	2	Human Resources Walk-In	<input type="checkbox"/>	6	Job Fair – Identify Where:	<input type="checkbox"/>	10	Referred by – Name:
<input type="checkbox"/>	3	City's Web Site (www.columbiasc.net/jobs)	<input type="checkbox"/>	7	Job Service – One Stop	<input type="checkbox"/>	11	Other – Identify:
<input type="checkbox"/>	4	Employment Agency (Name):	<input type="checkbox"/>	8	Journal/Publication – Name:	<input type="checkbox"/>		

**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 HR/EMPLOYMENT OFFICE FOR RECORD KEEPING PURPOSES ONLY.**

<b>SEX (Check or X One):</b>	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE	<b>DATE OF BIRTH:</b>			-			-			
	<input type="checkbox"/>		<input type="checkbox"/>											

<b>POLICE OFFICER APPLICANTS ONLY:</b> Are you 21 Years of age or older?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

<b>All applicants</b> Are you 18 years of age or older?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>		<input type="checkbox"/>	

**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)	<input type="checkbox"/>	Other:

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


**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.

<b>(APPLICANT'S SIGNATURE - IN INK)</b>	<b>Today's Date</b>

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

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, criminal history check, 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.

**X. (1) - Original Signature:****Date:**

**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.

**X. (2) - Original Signature:****Date:**

**Drug Free Workplace:** The City of Columbia adheres to and complies with the Drug Free Workplace Act. If you are selected for hire, a positive drug or alcohol test result will be cause for the City to withdraw its conditional offer of employment; or if you are hired before the City has received the results from your drug and alcohol test, you need to know that the City of Columbia will discharge you if your drug and/or alcohol test results are positive. By my signature, I affirm, agree and/or understand the City's Drug Free Workplace statement.

**X. (3) - Original Signature:****Date:**

**APPLICATIONS WILL REMAIN ACTIVE IN THE HUMAN RESOURCES OFFICE FOR TWO (2) MONTHS FROM THE DATE SUBMITTED.**

**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 each page is one full page)**