



CITY OF ISLE OF PALMS  
Post Office Drawer 508  
1207 Palm Boulevard  
Isle of Palms, South Carolina 29451

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

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

(PLEASE PRINT NAME)

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Employment Agency

Other \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Number Street City State Zip

TELEPHONE ( ) \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

Have you filled an application here before? Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed here before? Yes  No

If Yes, give date \_\_\_\_\_

Are you employed now? Yes  No

May we contact your present employer? Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes  No  (Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available for work \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time  
\_\_\_\_\_ Shift Time \_\_\_\_\_ Temporary

AN EQUAL OPPORTUNITY EMPLOYER

Have you ever been convicted, pled guilty, pled nolo contendere, or forfeited bond to a violation of any federal, state, county, or municipal law, regulation or ordinance other than minor traffic offenses? Yes \_\_\_ No \_\_\_ (Existence of a criminal record does not constitute an automatic bar to employment.)

If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Veteran of the U. S. Military service? Yes \_\_\_ No \_\_\_  
 If Yes, Branch \_\_\_\_\_

List Professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYMENT HISTORY

Please give accurate, full-time and part-time employment record. Start with your present or most recent employer and work backward. Include military experience. Attach additional sheets if necessary.

1. Employer Name ( ) Telephone	Dates Employed		Describe the work you performed and job responsibilities.
	From	To	
Address			
Job Title			
Name of Immediate Supervisor & Title	Pay Rate/Salary Starting		
Reason for Leaving	\$	per	
	Pay Rate Salary Final		
May we contact this employer? Yes _____ No _____	\$	per	

2. Employer Name ( ) Telephone	Dates Employed From To		Describe the work you performed and job responsibilities.
Address			
Job Title			
Name of Immediate Supervisor & Title	Pay Rate/Salary Starting		
Reason for Leaving	\$	per	
	Pay Rate Salary Final		
May we contact this employer? Yes _____ No _____	\$	per	

3. Employer Name ( ) Telephone	Dates Employed From To		Describe the work you performed and job responsibilities.
Address			
Job Title			
Name of Immediate Supervisor & Title	Pay Rate/Salary Starting		
Reason for Leaving	\$	per	
	Pay Rate Salary Final		
May we contact this employer? Yes _____ No _____	\$	per	

4. Employer Name ( ) Telephone	Dates Employed From To		Describe the work you performed and job responsibilities.
Address			
Job Title	Pay Rate/Salary Starting		
Name of Immediate Supervisor & Title			
Reason for Leaving	\$	per	
	Pay Rate Salary Final		
May we contact this employer? Yes _____ No _____	\$	per	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience:

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EDUCATION

High School \_\_\_\_\_  
Name/Location Degree

College/University \_\_\_\_\_  
Name/Location Degree

Graduate/Professional \_\_\_\_\_  
Name/Location Degree

Years Completed: High School \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_

Describe Course of Study: \_\_\_\_\_

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Describe Specialized Training, Apprenticeship, Skills and  
Extra-Curricular Activities \_\_\_\_\_

Honors Received: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

1. I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this will include an investigative consumer credit report including information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request, within a reasonable period of time, to receive additional, detailed information about the nature and scope of this investigative consumer report.

2. I hereby authorize all employers, schools, credit reporting agencies, or other persons to release all records or information to the City of Isle of Palms or its representative in relation to its investigation of my responses in this application.

3. I understand that incomplete responses, or misleading information given in my application or interview(s) may result in my not being hired, and if I am hired, may result in my discharge.

4. I understand that I am required to abide by all rules, regulations and employment policies of the City of Isle of Palms if employed.

5. I understand, also, that after a tentative offer of employment, a job applicant will be expected to undergo a physical examination at the City's expense which may include a test for the illegal use of drugs.

IMPORTANT NOTICE

NEITHER THIS APPLICATION NOR ANY EMPLOYEE HANDBOOK OR CITY POLICY CREATES A CONTRACT OF EMPLOYMENT. ALL EMPLOYEES ARE EMPLOYED AT WILL, WHICH MEANS THEY MAY TERMINATE THEIR EMPLOYMENT AT ANY TIME, WITH OR WITHOUT REASON, AND THAT THE CITY RETAINS THE SAME RIGHT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NOTE: Supplements A, B, and C will be detached from this application before evaluation is made.

SUPPLEMENT A

CITY OF ISLE OF PALMS  
P.O. Drawer 508  
Isle of Palms, SC 29451  
(803) 886-6428

APPLICANT DATA RECORD  
Required to be Completed by Applicant

Today's Date: \_\_\_\_\_

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, national origin, sex, age, marital or veteran status, or disability.

As employers/government contractors, we comply with government regulations and affirmative action reporting responsibilities.

To help us comply with government recordkeeping, reporting, and other legal requirements please fill our the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
                    Last                                    First                                    Middle

United States Citizen?    \_\_\_ Yes    \_\_\_ No

Check one:

\_\_\_ Male    \_\_\_ Female    Birthdate: \_\_\_/\_\_\_/\_\_\_    Age: \_\_\_\_\_  
  Month   Day   Year

Check one of the following:

Race/Ethnic Group:    \_\_\_ White    \_\_\_ Black    \_\_\_ Hispanic  
                                    \_\_\_ American Indian/Alaskan Native  
                                    \_\_\_ Asian/Pacific Islander  
                                    \_\_\_ Other: \_\_\_\_\_  
  Please specify

Check if any of the following are applicable:

\_\_\_ Vietnam Era Veteran    \_\_\_ Disabled Veteran    \_\_\_ Disabled Individual



APPENDIX C

CITY OF ISLE OF PALMS  
P.O. Drawer 508  
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(803) 886-6428

MOTOR VEHICLE RECORD CHECK  
AUTHORIZATION

to Be Completed by Applicant when  
Position Requires Operating an  
Isle of Palms Motor Vehicle

Notice to Applicant:  
  
The City of Isle of Palms wishes to advise you that as part of the processing of employment applications, applicants who will operate a City owned motor vehicle will be subject to a motor vehicle record check. The information will be obtained from law enforcement agencies and used to determine your qualifications for employment with the City of Isle of Palms.

By my signature below, I certify that:

I understand the information I am providing is to establish my identity for the purpose of this motor vehicle record check and that this information will not be used for any purpose other than that stated above.

I am authorizing law enforcement agencies in receipt of a copy of this form to release any and all information in their files regarding my motor vehicle record under the name and description below, to a representative of the City of Isle of Palms.

I understand that the information released may prove harmful to me.

I agree to hold harmless all providers of such information or opinion by waiving any claims I may have against the providers.

Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Check One: \_\_\_\_\_ Male \_\_\_\_\_ Female

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Month Day Year

Driver's license information: State: \_\_\_\_\_ License # \_\_\_\_\_ Class: \_\_\_\_\_

Race/Ethnic Group: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic  
(check one).  
\_\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ Other: \_\_\_\_\_  
Please Specify

I have read and understand the above information. By my signature I authorize the release of the requested information.

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

AUTHORIZATION AND REQUEST TO RELEASE ALL EMPLOYMENT, CREDIT, SLED, MEDICAL AND ANY AND ALL OTHER REQUESTED INFORMATION, STATEMENTS AND REPORTS TO THE CITY OF ISLE OF PALMS, ITS AGENTS OR EMPLOYEES.

To: Any employer, present or past, credit bureau, SLED, physician, hospital, medical clinic, medical laboratory, medical agency or other individual, firm, company or facility, private or governmental, having such information on the below referenced individual:

RE: NAME:

ADDRESS:

Date of Birth: \_\_\_\_\_ Social Security No.

THIS IS TO REQUEST AND AUTHORIZE that the City of Isle of Palms, its agents or employees, be furnished any and all employment, credit (including but not limited to a consumer report as defined by the Fair Credit Reporting Act), criminal, medical or other information of any kind and nature, to include past job performance, earnings, credit and payment history, criminal history, medical history, which they feel the need to investigate concerning the above individual and to cooperate with them to the fullest extent in this regard.

A copy of this authorization may serve in the place of an original.

All other authorizations to others are hereby revoked.

Your kind attention is appreciated.

Signed: \_\_\_\_\_  
Employee/Applicant

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 2006

\_\_\_\_\_  
Notary Public for South Carolina

My Commission Expires:

NOTICE OF OBTAINING CONSUMER REPORT  
(Consumer Report & Investigative Consumer Report)

To: \_\_\_\_\_  
(NAME OF APPLICANT/EMPLOYEE)

In connection with your interest in entering into a contractual arrangement, the City of Isle of Palms may obtain a consumer report (as defined by the Fair Credit Reporting Act) concerning you from a consumer reporting agency. This report will be used for financial purposes.

Date: \_\_\_\_\_  
\_\_\_\_\_ City of Isle of Palms

I have read and understand the above disclosure and hereby authorize the City of Isle of Palms to obtain a consumer report.

Date: \_\_\_\_\_  
\_\_\_\_\_ Applicant/Employee

ATTACHMENT "A"

CERTIFICATION  
(Consumer Report & Investigative Consumer Report)

I certify that the City of Isle of Palms has complied with 15 U.S.C. S 1681b (4) (b) (2) and will comply with 15 U.S.C. S 1681b (4) (b) (3) by providing \_\_\_\_\_ with a copy of the report and a description of his or her rights under the Fair Credit Reporting Act prior to taking adverse action based in whole or in part on the report received. I further certify that information from the consumer report will not be used in violation of any applicable Federal or State equal employment opportunity law or regulation.

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

\_\_\_\_\_  
Linda Lovvorn Tucker, City Administrator

ATTACHMENT "B"

FAIR CREDIT REPORTING DISCLOSURE  
(Investigative Consumer Report)

To: \_\_\_\_\_  
(Name of Applicant/Employee)

In connection with your application for \_\_\_\_\_, an investigative consumer report may be made including information as to your (select the appropriate categories: character, general reputation, personal characteristics, mode of living). You have the right under the Fair Credit Reporting act to obtain a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure may be obtained by delivering or mailing a request, in writing, to the undersigned at the address listed below.

A summary of your rights under the Fair Credit Reporting Act is enclosed.

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

City of Isle of Palms  
1207 Palm Boulevard  
P.O. Box 508  
Isle of Palms, SC 29451

ATTACHMENT "C"

CERTIFICATION  
(Investigative Consumer Report)

I certify that the City of Isle of Palms has made the disclosures required by 15 U.S.C. S 1681d(a) and that the City of Isle of Palms will comply with the provisions of 15 U.S.C. S 1881d(b).

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

\_\_\_\_\_  
(Name of Certifying Employee/Applicant)

ATTACHMENT "D"



## Pre-Employment Inquiry Release

In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from Acxiom Information Security Services (AISS), 6111 Oak Tree Blvd, 4<sup>th</sup> floor, Independence, OH 44131, telephone 800.853.3228. These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experiences.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information:

Applicant Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number \_\_\_\_\_

Alias/Maiden Name(s) \_\_\_\_\_

Current Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Prospective Employer \_\_\_\_\_

Home phone number: \_\_\_\_\_

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

**\*Date of Birth is being requested in order to obtain accurate retrieval of records.**

\_\_\_\_\_ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy direct from AISS. California applicants may receive a copy from either the prospective employer or AISS.

### Notice to California Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.