



CITY OF MANNING APPLICATION FOR EMPLOYMENT

29 W Boyce Street | Manning SC 29102 | 803.435.8477 | Fax 803.435.4608

Position Applied For: _____ Date: _____

PERSONAL INFORMATION

Name: _____
Last *First* *Middle*

Address: _____ City/State/Zip _____

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

Email Address: _____

Are you legally eligible for employment in the U.S.A.? Yes NO (If yes, verification will be required)

Are you eighteen years of age or older? Yes NO

Were you in the U.S. Armed Forces? Yes NO If yes, what branch? _____

Are you presently or have you previously been employed by us? Yes NO If yes, when? _____

Highest grade completed: Elementary High School College Post Graduate

Did you graduate from High School? Yes NO Name of High School: _____

College, University, and/or Technical Schools:

Name: _____ # Of Years Attended _____

Address: _____ City/State/Zip _____

Major/Minor or Study Area: _____

Degree Received: _____

EMPLOYMENT DESIRED

Type of employment desired: Full Time Part Time Available Start Date: _____

Are you currently employed? Yes NO If yes, may we contact your present employer? Yes NO

If no, explain: _____

PERSONAL REFERENCES

List people who know you well, preferably from a work environment. Do not use acquaintances or relatives.

Name: _____ Occupation: _____

Address: _____ City/State/Zip _____

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

Email Address: _____

Name: _____ Occupation: _____

Address: _____ City/State/Zip _____

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

Email Address: _____

Name: _____ Occupation: _____

Address: _____ City/State/Zip _____

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

Email Address: _____

EMPLOYMENT HISTORY

PRESENT EMPLOYER

Dates of Employment: _____ Hours Per Week: _____
Employer: _____ Phone: _____
Address: _____ City/State/Zip _____
Supervisor's Name: _____ Title: _____
Your Title: _____ Number/Type Positions You Supervised _____
Reason for leaving: _____
Principle Responsibilities (be complete): _____

PREVIOUS EMPLOYER

Dates of Employment: _____ Hours Per Week: _____
Employer: _____ Phone: _____
Address: _____ City/State/Zip _____
Supervisor's Name: _____ Title: _____
Your Title: _____ Number/Type Positions You Supervised _____
Reason for leaving: _____
Principle Responsibilities (be complete): _____

PREVIOUS EMPLOYER

Dates of Employment: _____ Hours Per Week: _____
Employer: _____ Phone: _____
Address: _____ City/State/Zip _____
Supervisor's Name: _____ Title: _____
Your Title: _____ Number/Type Positions You Supervised _____
Reason for leaving: _____
Principle Responsibilities (be complete): _____

I understand that employment with City of Manning requires that I willingly participate and successfully pass any required drug tests and criminal background In addition, I realize that final acceptance for all positions requires successful passage of a "Pre-employment Drug Test."

Signature of Applicant Date

The City of Manning is an Equal Opportunity Employer. The city does not discriminate based on race, religion, color, sex, age, national origin, or disability.