

Commission of Public Works
912 S. Main Street
McCormick, SC 29835
(864) 852-2224

Commission of Public Works is an equal opportunity provider and employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Applicant Information:

Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____

Are you over the age of 18? Yes _____ No _____

Employment Position:

Position applying for: _____

Have you ever applied to or worked for Commission of Public Works?

If Yes, when? _____

If hired, date you may start: _____ Acceptable Salary: _____

Are you a citizen or approved to work in the United States? Yes _____ No _____

Have you been convicted of a criminal offense (felony or misdemeanor)? Yes _____ No _____

If yes, please state the nature of the crime, when and where convicted and disposition of the case:

No applicant will be denied employment solely on the grounds of a criminal offense. The nature, date and other significant details of the offense will be considered.

Do you have a valid driver's license? Yes _____ No _____

If yes, License number _____ State _____ Exp. Date _____

Do you have a valid Commercial Driver License (CDL)? Yes _____ No _____

If yes, License number _____ State _____ Exp. Date _____

Is your license Class A _____ Class B _____ Class C _____

Job Skills and Qualifications:

Please list skills and qualifications you possess for the position you are applying for:

Education and Training:

Name & Location of School	Dates Attended	Graduated?	Degree and Major
Technical/Trade School			
College			

List any special courses or training you have had: _____

Are you certified or trained in a specific skill, such as CPR? Yes _____ No _____

Certifications: _____

Military:

Are you a member of the Armed Services: Yes _____ No _____

What Branch? _____

Military Rank _____

Years _____

What military skills do you possess that would be an asset?

Work History:

Are you employed now? Yes _____ No _____

Please list your work history beginning with your most recent position:

Name of Company: _____

Dates of Employment: _____

Address: _____

Supervisor Name: _____

Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Name of Company: _____

Dates of Employment: _____

Address: _____

Supervisor Name: _____

Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Name of Company: _____

Dates of Employment: _____

Address: _____

Supervisor Name: _____

Salary: _____

Description of Duties: _____

Reason for leaving: _____

List three references who are not relatives or previous supervisors:

Name	Address	Phone
1		
2		
3		

Certificate of Applicant:

I hereby declare the information provided by me in this application for employment is true, correct and complete. I understand that if employed, any misstatement or omission of fact may result in my being disqualified or my being discharged. I also understand that I may be required to pass a medical examination or testing requirements as a condition of employment.

Applicant's Signature _____

Date of Application _____
