



CITY OF NORTH MYRTLE BEACH
1018 Second Avenue South
North Myrtle Beach, SC 29582
Phone: (843) 280-5575 / Fax: (843) 281-3773
Website: www.nmb.us
APPLICATION FOR EMPLOYMENT
PLEASE PRINT IN INK

NAME _____
Last First Middle

ADDRESS _____
Number Street City State Zip Code

PHONE () () _____
Phone #1 Phone #2 Email Last 4 digits of SSN

ARE YOU 18 OR OVER? YES NO Are you eligible to work in the U.S.? YES NO
Are you presently employed? YES NO (Proof of eligibility will be required upon employment.)

It is the policy of the City of North Myrtle Beach to provide employment opportunities without regard to race, color, religion, sex, national origin or age. It is also the City's policy to comply with all applicable laws and regulations protecting the employment and rights of veterans and handicapped persons.

**A separate application is required for each position.
Application should be submitted only once by mail, fax, email
(personnel@nmb.us) or online www.nmb.us**

POSITION APPLIED FOR _____

Earliest date you could begin work _____
Month Day Year

Is there a minimum salary you would accept? YES NO
If yes, \$ _____ per _____.

Check the type of work that you would accept: Full Time _____ Part Time _____ Seasonal _____

Have you ever been employed by the City before? YES NO

If yes, when? _____ What position? _____

SKILLS: Please list any pertinent skills related to the position you are applying:

EDUCATION/TRAINING

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 7 8

Do you have a High School Diploma or GED? YES NO

Name and Location of School	Highest Grade Completed	Graduated Yes or No	Degree/Major
High School			
College			
Tech/Trade			

List any special courses or training you have had: _____

Are you certified or trained in a specific skill such as CPR? YES NO

Other certification or specialized training: _____

Are you registered or licensed for a profession in South Carolina? YES NO

If yes, Profession _____ Lic. No. _____ Expires _____

Do you have a valid driver's license? YES NO License Number _____ St. _____ Exp. _____

Do you have a valid commercial driver's license? YES NO License Number _____ St. _____ Exp. _____

List the types of heavy or motor-driven equipment you can operate.

EMPLOYMENT HISTORY

MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT

INSTRUCTIONS: READ CAREFULLY BEFORE COMPLETING THE REMAINDER OF THIS SECTION. IT IS IMPORTANT THAT THIS SECTION BE COMPLETED IN DETAIL IF YOUR EXPERIENCE IS TO BE FAIRLY EVALUATED.

1. Start with the most recent position and work back to first position you held.
2. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
3. List all employment including military service, part-time and self-employment. Include all periods of unemployment except those during which you were a full-time student at an academic or technical institution.
4. **A RESUME MAY NOT BE SUBSTITUTED FOR THIS SECTION.** However, a resume may be attached upon full completion of this application.
5. If space is too limited for listing all your employment record, you may use an additional sheet of paper following the same format used below. Sign/print your name and include with this application.

<p>Current or most recent position</p> <p>Employer's Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Telephone Number: () _____ Ext.: _____</p> <p>Position Title: _____</p> <p>May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supervisor's Name: _____</p> <p>Dates employed in this position:</p> <p>Mo: _____ Yr: _____ TO Mo: _____ Yr: _____</p> <p>Starting Salary: _____ Last Salary: _____</p>	<p>Description of specific duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving: _____</p>
<p>Employer's Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Telephone Number: () _____ Ext.: _____</p> <p>Position Title: _____</p> <p>May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supervisor's Name: _____</p> <p>Dates employed in this position:</p> <p>Mo: _____ Yr: _____ TO Mo: _____ Yr: _____</p> <p>Starting Salary: _____ Last Salary: _____</p>	<p>Description of specific duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving: _____</p>
<p>Employer's Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Telephone Number: () _____ Ext.: _____</p> <p>Position Title: _____</p> <p>May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supervisor's Name: _____</p> <p>Dates employed in this position:</p> <p>Mo: _____ Yr: _____ TO Mo: _____ Yr: _____</p> <p>Starting Salary: _____ Last Salary: _____</p>	<p>Description of specific duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving: _____</p>
<p>Employer's Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Telephone Number: () _____ Ext.: _____</p> <p>Position Title: _____</p> <p>May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Supervisor's Name: _____</p> <p>Dates employed in this position:</p> <p>Mo: _____ Yr: _____ TO Mo: _____ Yr: _____</p> <p>Starting Salary: _____ Last Salary: _____</p>	<p>Description of specific duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving: _____</p>

MILITARY HISTORY

If you served in the military and received anything other than an honorable discharge, please explain. Discharge under other than honorable circumstances will not necessarily result in denial of employment.

REFERENCES

Please list three persons who are not related to you and who have a definite knowledge of your work. Do not repeat names of supervisors listed in your work history.

Name Address Phone

1. _____
2. _____
3. _____

Do you have any relatives currently employed by the City of North Myrtle Beach? If yes, who, in what position, and in what department are they employed? What is the relationship?

In cooperation with the Family Independence Act of 1995, we are actively recruiting Family Independence, welfare, and food stamp recipients. If you are eligible, you may also qualify for special job training. Are you currently receiving AFDC or food stamps?

YES NO

How did you learn about our current job opening(s)?

____ Newspaper Ad Name of newspaper _____
____ City employee Name of employee _____
____ Personal Interest (Called or came by Human Resources Office)
____ Employment Bulletin
____ City Website
____ Other _____

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 false statement, misstatement, or omission of fact may result in my being disqualified or my being discharged. I also understand that I must pass a medical examination as a condition of employment. The City is hereby authorized to make any investigation of my personal history and financial credit record through any investigative or credit agents or bureaus of its choice.

I further understand and acknowledge that if employed, I will be an employee "at will", meaning that I will have the right to terminate my employment at any time, with or without notice, and with or without cause, and that the City will have the same right.

Applicant's Signature _____ Date _____

NOTICE TO APPLICANTS *** DRUG TESTING REQUIRED BEFORE BEING HIRED.**

For required positions, this exam includes a Urine Test to Detect Drug Use. Your written consent for Drug Testing is required.

APPLICANT CONTROL SHEET

The information requested on this form regarding race, sex, age, and Selective Service status is being collected in order to comply with certain Federal and State regulations and will in no way be used in determining your suitability for employment with the City. All information will be treated as confidential.

PLEASE PRINT

Position Applied For: _____ Date: _____
mm/dd/yyyy

Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Last 4 digits of SSN #: _____

Gender: Male _____ Female _____ Date of Birth: _____
mm/dd

Race (mark one or more):

- American Indian or Alaska Native (a person having origins in any of the original peoples of North and South America [including Central America] and who maintains tribal affiliation or community attachment)
- Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- Black or African American (a person having origins in any of the black racial groups of Africa)
- Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)
- Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)
- White (a person having origins in any of the original peoples of Europe, the center East or North Africa)

MALES AGE 18 THROUGH 26 ONLY

State law prohibits local governments from employing anyone who has not complied with Selective Service regulations. Currently, males from the age of 18 through 26 are required to register with the federal government in accordance with the Military Selective Service Act. By your signature below, indicate if you have or have not complied with this requirement.

YES, I have met Selective Service registration requirements.

Applicant's Signature

NO, I have not met Selective Service registration requirements.

Applicant's Signature