

# CITY OF MULLINS

151 E. FRONT STREET  
P.O. DRAWER 408  
MULLINS, SOUTH CAROLINA 29574

PHONE: (843) 464-9583  
FAX: (843) 464-5202

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Dear Prospective Applicant:

Thank you for your interest in beginning a career with the City of Mullins. All applicants are required to submit a completed application packet. Incomplete application packets **will not** be considered.

Your application packet should include:

- 📁 Signed application
- 📁 Signed waivers
- 📁 Ten-year driving record
- 📁 Copy of your social security card
- 📁 Copy of your driver's license

As an equal opportunity employer, the City of Mullins's policy is to hire only qualified applicants best suited for employment with the City without regard to sex, race, religious affiliation, or any other unlawful discriminator(s). The following actions may occur in the employment process:

1. Preliminary review of application packet (1<sup>st</sup> – by Human Resources to determine minimum qualifications; 2<sup>nd</sup> – by Hiring Department).
2. Preliminary background investigation to include at a minimum: driver's license and criminal history check; verification of prior employment, education, and experience; contacts with references; thorough investigation of any adverse disclosures or discoveries
3. Interview(s)
4. Conditional offer of employment (employment conditional upon satisfactory fitness tests)
5. Drug testing and physical examination (conducted by a licensed physician to ensure physical suitability to perform the essential functions of work)
6. Orientation

You will be contacted personally if considered beyond the preliminary review of your application. The process could take from 4-6 weeks depending on status of hiring, scheduling of testing, and applicant's individual background.

Please feel free to call (843) 464-9583 with any questions.

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## APPLICATION FOR EMPLOYMENT

**This application is void after 60 days from date signed. This application must be completed in full and signed. Incomplete or unsigned applications will not be considered.** By filling out this application you are neither guaranteed an interview nor a job. The City of Mullins is an employment at will organization and, therefore, has no permanent employees. If you are selected for an interview, the Human Resources Department will notify you. Please complete and sign in **BLUE INK.**

**NAME:**

\_\_\_\_\_ (last) (first) (middle) Social Security Number

**PRESENT ADDRESS:**

\_\_\_\_\_ (street) (city) (state) (zip code)

**PHONE NUMBER:**

\_\_\_\_\_ (home) (business)

**SC DRIVERS LICENSE NUMBER:**

**EXP DATE:**

**WHO SHOULD WE NOTIFY IN CASE OF EMERGENCY OR AN ACCIDENT:**

**NAME:**

**RELATIONSHIP:**

**ADDRESS:**

**PHONE #:**

**LIST THE TYPES OF POSITIONS FOR WHICH YOU WISH TO APPLY:**

|  |  |
|--|--|
|  |  |
|  |  |

**EARNINGS EXPECTED:** \$ \_\_\_\_\_

PER \_\_\_\_\_

**WHEN COULD YOU BEGIN WORK:**

**CHECK THE TYPES OF EMPLOYMENT YOU WOULD ACCEPT:**

TEMPORARY

PERMANENT

**EDUCATION**

| SCHOOL NAME & LOCATION   | DATES ATTENDED | CIRCLE HIGHEST YEAR COMPLETED  | DID YOU GRADUATE? | DEGREE MAJOR OR MINOR |
|--------------------------|----------------|--|-------------------|-----------------------|
| GRADE                    | FROM<br>TO     | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4<br><input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |                   |                       |
| HIGH SCHOOL              | FROM<br>TO     | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4  |                   |                       |
| COLLEGE                  | FROM<br>TO     | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4  |                   |                       |
| GRADUATE WORK APPRENTICE | FROM<br>TO     |  |                   |                       |
| BUSINESS OR VOCATIONAL   | FROM<br>TO     |  |                   |                       |

USE THIS SPACE IF ADDITIONAL ROOM IS NEEDED FOR EDUCATION INFORMATION

**EMPLOYMENT HISTORY – BEGIN WITH YOUR PRESENT OR MOST RECENT POSITION. Please include any military service and answer all questions in this section in detail.**

**1. Name and Address of Company:**

**Type of Business:**

**Starting Date:**

**Job Title**

**Salary**

**Present Position:**

**Salary**

**Date of Termination (if applicable):**

**Reason For Leaving:**

**Name and Title of Immediate Supervisor:**

**Job Duties:**

**2. Name and Address of Company:**

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**Type of Business:**

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**Starting Date:**

**Job Title**

**Salary**

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**Present Position:**

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**Salary**

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**Date of Termination (if applicable):**

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**Reason For Leaving:**

---

**Name and Title of Immediate Supervisor:**

---

**Job Duties:**

---

**3. Name and Address of Company:**

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**Type of Business:**

---

**Starting Date:**

**Job Title**

**Salary**

---

**Present Position:**

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**Salary**

---

**Date of Termination (if applicable):**

---

**Reason For Leaving:**

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**Name and Title of Immediate Supervisor:**

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**Job Duties:**

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You may use the space below and/or additional sheets to give any other information you desire concerning work experience, education, accomplishments, etc. special skills. (examples: typing, equipment operated, etc.)

List any professional organizations to which you belong and certificates or license you hold:

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What are your main interests outside of work? How is your leisure time spent?

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Have you ever been convicted, pled no contest or forfeited bond for a crime other than a minor traffic violation? Yes  No  If yes, please give details below.

| Date | Where convicted? | Nature of Charge | Disposition |
|------|------------------|------------------|-------------|
|      |                  |                  |             |
|      |                  |                  |             |
|      |                  |                  |             |
|      |                  |                  |             |

A conviction record will not necessarily preclude you from employment.

Have you ever been employed by the City of Mullins? Yes  No  If yes, give dates and position held. Explain:

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Are you related to anyone employed here? Yes  No  If yes, who and what is relationship to you?

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List three (3) references who are not relatives or previous supervisors:

| NAME | OCCUPATION | TELEPHONE NUMBER |
|------|------------|------------------|
|      |            |                  |
|      |            |                  |
|      |            |                  |

**RELEASE OF INFORMATION**

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN:**

**It shall the policy of the City of Mullins to select an applicant deemed most suitable to fill each position in the City. Selection will be made on the basis of educational background, related work experience, and other work related factors. The City of Mullins is an "Equal Employment Employer".**

**It is further the policy of the City of Mullins to recruit, hire, train, and promote employees and applicants without regard to race, religion, political affiliation, handicap or disability, national origin, Veteran's status, sex, or age.**

**The City of Mullins had designated the following (person or office) as the contact to coordinate efforts to comply with this requirement. Inquiries should be directed to:**

**NAME: Holly Jackson, /Human Resource**

**OFFICE: Personnel Department**

**ADDRESS: PO Drawer 408**

**Mullins, SC 29574**

**PHONE: 843-464-9583**

**HOURS: Monday – Friday, 8:30 am – 5:00 pm**

**I hereby affirm that all statements made herein are true and correct. I authorize the City of Mullins to conduct whatever investigation it deems necessary to confirm statements submitted on this application. If investigation determines**

**any untrue statement was made; I accept this as sufficient grounds for refusal to hire or dismissal.**

**I also authorize and request each former employer and person, firm, or corporation, given as reference to answer any and all questions that may be asked and to give any and all information that may be sought in connection with this application concerning my work habits, character, or skill. I agree to submit myself, upon request, for physical examination by a physician selected by the City of Mullins and I understand that failure to meet the physical requirement may disqualify me for employment. If selected for employment, I am hereby certifying that I will abide by the employment policies of the City of Mullins. I hereby understand and acknowledge that any employment relationship with the City of Mullins is of an "at will" nature, which means that the Employee may resign at any time and the City of Mullins may discharge Employee at any time for any and no reason, with or without notice. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such change is specifically acknowledge in writing by the City Administrator.**

**The use of this application form does not indicate that there are any positions available and in no way obligates the City of Mullins.**

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**Applicant's Signature (required in blue ink)**

**Date**

**IMPORTANCE OF HONESTY STATEMENT**

**It is extremely important that you are completely honest in all of your answers as honesty is the most important characteristic that you must demonstrate.**

**From time of completion of all application documents, questionnaires, and during all interviews the significance of being honest cannot be overstated. Failure to respond to any questions accurately and completely, whether orally or in writing will result in disqualification. Applicants have been disqualified for dishonesty.**

**CAUTION: take your time and be through and specific in all answers. If there is any doubt regarding a specific question, or if you are unsure whether to include certain information, the answer – “YES, INCLUDE IT”.**

**If you feel something you have done will disqualify you from further consideration, this may or may not be the case. What will disqualify you is lying or distorting the truth i.e. an arrest, being fired from a job, use of drugs, etc. may or may not disqualify you; on the other hand lying about it will disqualify you from further consideration.**

**By signing below, I acknowledge I have read and I understand the contents of the importance of the City of Mullins Honesty Statement.**

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**Print - Name of Applicant**

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**Applicant Signature (Require in blue ink)**

**Date**



## EEO INFORMATION

In accordance with Equal Employment laws, we are required to maintain statistical data on all applicants. We ask for your cooperation in completing and returning the following information. This form will be separated from your application and not used in the screening or interviewing processes. This EEO Reporting and Research Form will be retained in the HR Office with your original application. The HR Office only sends a COPY your APPLICATION to the hiring authority. The information contained in this form will NOT be used in the hiring or the 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.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Driver's License (or CDL) Number: \_\_\_\_\_ State Where Issued: \_\_\_\_\_

Do you have a Class B Commercial Driver's License?  Yes  No  
If no, do you have a CDL Permit?  Yes  No

- |                                 |   |  |
|---------------------------------|---|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> American Indian        | <input type="checkbox"/> Black                 |
| <input type="checkbox"/> Male   | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White                 |
|                                 | <input type="checkbox"/> Hispanic               | <input type="checkbox"/> Other (specify) _____ |

Position Applied For: \_\_\_\_\_

Check one, if applicable:

- Disabled Individual
- Disabled Veteran
- Vietnam Veteran

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

\_\_\_\_\_

I hereby authorize any city, county, state or federal agency, department, or bureau to release any information under the above name. I understand and realize that the information so release may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I further release all personnel whomever from any liability arising out of or resulting from the release of this information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(required in blue ink)

### NOTICE TO INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS, AND VIETNAM ERA VETERANS

Federal government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualifies disabled veterans of the Vietnam Era; and section 503 of the Rehabilitation Act of 1973, as amended, which requires the same

**PLEASE DO NOT WRITE BELOW THIS LINE**

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**Arrange Interview:**  Yes  No

**Remarks:**

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**Interviewer:**

**Date:**

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**Employed:**  Yes  No **Date of Employment:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Hourly rate/Salary:** \_\_\_\_\_ **Department:** \_\_\_\_\_

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**By:**

**Name/Title**

**Date:**

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**Notes:**

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