

Applications Must Be Submitted to the Human Resources Department by the deadline to be considered.

174 East Bay Street
Suite 302, Charleston, SC 29401
Fax: 843-579-7505, Phone #: 843-724-7388

Application Deadline: See posting for deadline.
You may apply in person, via fax or by scanning your application to hr@charleston-sc.gov



City of Charleston
An Equal Opportunity Employer

2015 Summer Youth Employment Program Application

Preferred Location (High School Students): <input type="checkbox"/> St. Julian Devine Center <input type="checkbox"/> Arthur Christopher Community Center <input type="checkbox"/> Shaw Community Center <input type="checkbox"/> Playgrounds: <input type="checkbox"/> Downtown <input type="checkbox"/> West Ashley <input type="checkbox"/> Parks (grass cutting/raking leaves) <input type="checkbox"/> College Student (Tiedemann Nature Center)	Date
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> PLEASE PRINT. You must answer all questions in this application. If something does not apply to you, mark "N/A". A resume does NOT take the place of this application form. A resume may be accepted in addition to this application form as an additional consideration but, is not required and does not take the place of this application form or any portion thereof (applications with "see resume" in the place of answers will not be accepted).
 > To better qualify as "the best qualified" for the position for which you are applying, you should demonstrate on this form that your skills/experience/interests meet or exceed all minimum requirements of the posted position. Please refer to the posting for the specific minimum requirements. In addition, you must be an actively enrolled and actively participating high school student or college student.
 > If you have any impairments, (physical, mental, or medical) which would interfere with your ability to demonstrate your suitability for the job for which you have applied, e.g., an adaptive aid necessary to use a computer keyboard, please let us know. This will enable the City of Charleston's Department of Human Resources and Organizational Development to make reasonable accommodations to the application process.
 > Completion of this application form does not imply that you will be interviewed or hired, but that you will be considered for the stated vacancy indicated on this application or other suitable positions identified, when vacancies exist.
 > If you have any questions about this application form, please contact the Mayor's Office for Children, Youth and Families at 965-4190.

Name		Telephone Number Home () Cell ()	
Address		City	Zip Code
Current School Attending (Complete Title)	2014-2015 School Grade	City Resident (Y/N)	Date of Birth ____/____/____

1. Experience / Skills

Apparatus Equipment Operation	Indicate the equipment you have successfully operated/utilized: <input type="checkbox"/> Baseball/Softball & Bat <input type="checkbox"/> Football <input type="checkbox"/> Gymnastic apparatus <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Golf <input type="checkbox"/> Basketball <input type="checkbox"/> Auto Mechanic Tools <input type="checkbox"/> Gardening/Lawn Tools <input type="checkbox"/> Woodshop Tools <input type="checkbox"/> Other(s) _____												
Typing / Word Processing	Indicate the number of words per minute you can type without error: _____												
Computer Software	Indicate the types of software you are skilled in using: <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Powerpoint <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> WordPerfect <input type="checkbox"/> Lotus 1-2-3 <input type="checkbox"/> Other(s) _____												
Telephone	Have you operated a switchboard? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Lines _____ How many years of experience? _____												
Sports and Activities	Indicate any sports or activity that you have participated in: <table border="1"> <thead> <tr> <th>Name of Sport or Activity</th> <th>Organization</th> <th>How Long</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of Sport or Activity	Organization	How Long									
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2. Describe your skills/experiences (past or present) which qualify you to meet the minimum requirements for the position you are seeking (attach a separate sheet if needed).

3. What courses or training (include institution names) have you successfully completed that are particularly useful for the position for which you are applying (attach a separate sheet if needed)?

4. List any prior job or internship experience you have gained.

5. List any other information or qualifications, including volunteer and community work or school activities, you feel might be helpful in determining how you may be qualified for this position.

6. Why do you want to participate in the City of Charleston Summer Youth Employment Program?

***** Please feel free to attach any documentation, including updated resumes, certificates, and letters of reference to supplement your application. Please be advised that your application will, in some situations, be considered alongside others. The City of Charleston is an Equal Opportunity Employer and, as such, we seek to hire the best qualified applicant for any given position.**

AUTHORIZATION AND RELEASE

In consideration for my employment with **The City of Charleston**, I agree to abide by the rules and regulations of **The City of Charleston**. I declare each of the answers given in this Job Application to be complete and true to the best of my knowledge. I am aware that any misrepresentation or omission may be cause for dismissal. I authorize my current school representatives, any former school representative and given references to give information relative to my employment record, and I hereby release them and **The City Of Charleston** from all liability for any damage whatsoever arising therefrom. I understand that if reasonable accommodation is required due to a disability, I must inform the Department of Human Resources and Organizational Development. I will also state to the best of my knowledge, specific accommodations I will require. Further, I understand that my employment is "at will" and can be terminated at any time by either party for any reason, or for no reason. These employment terms cannot be modified either orally or in writing, except by a written contract expressly superseding these terms signed by the employee and an authorized Officer of **The City of Charleston**.

Signature of Applicant (This form MUST be signed)

____/____/____
Date

Signature of School Representative

____/____/____
Date

APPLICATIONS MUST BE RECEIVED BY HUMAN RESOURCES BY THE DEADLINE STATED IN THE SUMMER YOUTH EMPLOYMENT ANNOUNCEMENT. WWW.CHARLESTON-SC.GOV/EMPLOYMENT