



City of Charleston
An Equal Opportunity Employer

**ADDENDUM TO EMPLOYMENT APPLICATION
MILITARY SERVICE**

Printed Name:

First

Middle

Last

Maiden Name

Military Status: Have you served on active duty in the U.S. Armed Forces?

* Yes No *If yes, attach a photocopy of your undeleted DD214 discharge papers which includes information about your separation and characterization of the discharge.

Did you receive an honorable discharge? Yes * No

*If you received any discharge other than honorable, please provide the specific type of discharge you received and explain the reason for your discharge status.

YOU MUST SIGN THIS ADDENDUM. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any reference checks as well as the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If selected for employment, I further understand that my employment is contingent upon passing a pre-employment physical, background investigation and/or a drug test. *I also understand and acknowledge that all employees of the city are employees-at-will who may quit at any time for any reason and who may be terminated at any time for any or no reason.*

Signature of Applicant _____ *Date* _____