CLARENDON COUNTY APPLICATION FOR EMPLOYMENT 411 Sunset Drive – Manning SC 29102 803.435.9654- PHONE 803.435.2653 FAX

www.clarendoncountygov.org countyhr@clarendoncountygov.org clarendonhr@clarendoncountygov.org We are an Equal Opportunity Employer

Position Applied For: Date PERSONAL INFORMATION Name: Last Middle Address: Phone: Home Email address: Are you legally eligible for employment in the U.S.A.? \(\subseteq Yes \) \(\subseteq No \) (if yes, verification will be required) Are you eighteen years of age or older?

No Social Security Number: Were you in the U.S. Armed Forces? □Yes □No If yes, what branch? Are you presently or have you previously been employed by us? □Yes □No If yes, when? Do not answer this question unless you are informed about the requirements of the job for which you are applying. Are you able, either with or without reasonable accommodations, to perform the essential functions of the job for which you are applying? □Yes □No **EDUCATIONAL INFORMATION** Select the highest grade completed: Elementary High School College Post Graduate

Did you graduate from high school? □Yes □No Name of High School: Name and location of college, university, # of years attended Major/minor or study area and/or technical schools EMPLOYMENT DESIRED Type of employment desired: □Full-time □Part-time □Seasonal/Temporary Salary desired: □Date available:

Are you currently employed? □Yes □No If yes, may we contact your present employer? □Yes □No

If no, explain:

EMPLOYMENT HISTORY

Please give accurate, complete employment information. List your present or most recent experience first. Attach additional sheets if necessary.

PRESENT EMPLOYER		LENGTH OF EMPLOYMENT
Employer:	Phone number:	Total Years/Months Employed:
Address:		Hours per week:
Supervisor's Name & Title		Salary:
Your Title:		
Reason for leaving:		
Principle Responsibilities (be complete):		% of time
1		
2		
3		
4		
PREVIOUS EMPLOYER		LENGTH OF EMPLOYMENT
Employer:	Phone number:	Total Years/Months Employed:
Address:		Hours per week:
Supervisor's Name & Title		Salary:
Your Title:		
Reason for leaving:		
Principle Responsibilities (be complete):		% of time
1		
2		
3		
4		
PREVIOUS EMPLOYER		LENGTH OF EMPLOYMENT
Employer:	Phone number:	Total Years/Months Employed:
Address:		Hours per week:
Supervisor's Name & Title		Salary:
Your Title:		
Reason for leaving:		
Principle Responsibilities (be complete):		% of time
1.		
2		
3		
4.		
TO BE COMPLETED BY APPLICANTS FO	OR ADMINISTRATIVE, PROFESSIONAL, AND CLE	RICAL POSITION ONLY
Typing ability: WPM WPM		
List specific COMPUTER HARDWARE AND	SOFTWARE with which you have	Length of Time
Training:		
Experience:		
•		
Licenses/Certificates held: (indicate license nun	nber and expiration date):	

TO BE COMPLETED BY APPLICANTS FOR LABOR/MAINTENANCE AND SKILLED TRADE POSITIONS ONLY					
APPRENTICESHIP(s) served, or trades learned:					
SPECIFIC EQUIPMENT with which you have experience:					
Licenses/Certificates held (indicate license number and expiration	n date):				
OUTSIDE ACTIVITIES					
Include any professional organizations, certificates, or licenses held, as well as past or present activities. (You may exclude those indicating race, sex, ethnicity, religion, sexual orientation, age, marital status, Vietnam-ERA, or other veteran status, national origin, or disabled status).					
PROFESSIONAL REFERENCES					
List people who know you well, preferably from a work environment of the control					
Name:	Address:				
Phone:(Work) (Home)	Occupation:				
Name:	Address:				
Phone:(Work) (Home)	Occupation:				
Nama	Address				
Name:Phone:	Address: Occupation:				
(Work) (Home)	Occupation.				
CONTROL OF CHARLES FEEDER					
	ors and summary offenses, in the past seven years that has not been expunged or				
sealed by a court? □Yes □No If yes, describe in full:					
Information concerning this question will not be used to automati	ically bar you from employment.				
CERTIFICATION					
that I understand that intentionally false information will resi	ication is correct and complete to the best of my knowledge and belief and ult in refusal of employment or termination of employment if discovered after rsons named above to provide information regarding my employment,				
I understand and agree that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.					
	Signature				

Date

APPLICANT'S STATEMENT

I hereby give CLARENDON COUNTY the right to verify my past employment, education and activities. I indemnify CLARENDON COUNTY against any liability that might result from making such investigation. I understand that any false answer or statement on this application or on any other required document will result in denial of employment and/or dismissal from service.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between CLARENDON COUNTY and myself. I further understand and agree that if I am hired by CLARENDON COUNTY, the duration of my employment is indefinite and my employment relationship is terminable at will, which means that I may resign at any time and CLARENDON COUNTY may terminate my employment at any time with or without cause.

I understand that employment with CLARENDON COUNTY requires that I willingly participate and successfully pass any and all required drug tests and criminal background checks. In addition, I realize that final acceptance for all CLARENDON COUNTY positions requires successful passage of a "Pre-employment Drug Test." (Further information on these tests and CLARENDON COUNTY drug program will be provided after final interview.)

Signature of Applicant	Date





CLARENDON COUNTY

PRE-EMPLOYMENT DRUG/ALCOHOL SCREENING

Applicants are to be given the drug/alcohol screenings as part of the preemployment job offer. Any offer of employment is contingent upon the applicant's results which must be negative to the performance of any job duties. If unable to perform the drug test within the time that is specified by the county's Human Resource Officer, or their designated employee, the offer of employment will be withdrawn.

Applicants offered a job will be required to sign the "Pre-placement and for cause Drug/Alcohol Screening" consent and release form.

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Date				$\overline{\mathbf{S}}$	ignature				
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The County regrets that all applicants will not be notified. This procedure is due to the number of applications being received when the County has a position available and the cost of notifying all applicants.

APPLICANTS WILL RECEIVE A VERBAL/WRITTEN RESPONSE"

If you would like to know the status of your application call the Human Resource Office 803/435-9654.

ALL COUNTY EMPLOYEES ARE "EMPLOYEES-AT-WILL" WHO MAY QUIT AT ANY TIME FOR ANY REASON AND WHO MAY BE DISCHARGED AT ANY TIME FOR ANY REASON.