

**Employment**

**Application**

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| **Applicant Information** |
| **First and Last Name:** | Click or tap here to enter text. | **Social Security #** | Click or tap here to enter text. |
| **Referred By:** | Click or tap here to enter text. | **Date of Birth** | Click or tap here to enter text. |
| **Street Address** | Click or tap here to enter text. | **Phone #** | Click or tap here to enter text. |
| **City/State/Zip Code** | Click or tap here to enter text. | **Military?** | Choose an item. |
| **Email Address** | Click or tap here to enter text. | **Veteran?** | Choose an item. |
| **Are you 18 years or older?**  | Choose an item. | **Do you possess a valid S.C. driver’s license?** | Choose an item. |
| **Have you ever worked for the Sumter County DSN Board before?** Choose an item. | **If yes, when:** |
| **From:** Click or tap here to enter text. | **To:** Click or tap here to enter text. |
| **Have you ever pled guilty or been convicted of a crime other than a minor traffic infraction?** | Choose an item. |
| **If yes, please explain:** Click or tap here to enter text. |
| **Do you have relatives employed by this agency?** | Choose an item. | **If so, give names and relationship:** |
| **Name:** | Click or tap here to enter text. | **Relationship:** | Choose an item. |
| **Name:** | Click or tap here to enter text. | **Relationship:** | Choose an item. |
| **What position are you applying for?**  | Click or tap here to enter text. |
| **Date Available to begin?** | Click or tap to enter a date. | **Date of Application?** | Click or tap to enter a date. |

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| **Education** |
| **School/Location:**Click or tap here to enter text. | **Course of Study:**Click or tap here to enter text. | **Diploma/Degree:**Choose an item. |
| **School/Location:**Click or tap here to enter text. | **Course of Study:**Click or tap here to enter text. | **Diploma/Degree:**Choose an item. |
| **What skills or additional training do you have that are related to the job for which you are applying?**Click or tap here to enter text. |
| **Have you completed any special courses, seminars, and/or training that would enable you to better perform the position for which you are applying? If yes, please describe:**Click or tap here to enter text. |

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| **Work History** |
| **Are you employed now?** | Choose an item. | **If so, may we contact your present employer?** | Choose an item. |
| **If presently employed, why are you considering leaving?**  Click or tap here to enter text. |
| **Explain any breaks in employment longer than one month:**  Click or tap here to enter text. |
| **Have you worked or attended school under any other names? If yes, please give names:**  Click or tap here to enter text. |

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| **Previous Employment** |
| **Employer Name** | Click or tap here to enter text. |
| **Start Date** | Click or tap to enter a date. | **End Date** | Click or tap to enter a date. |
| **Supervisor Name** | Click or tap here to enter text. | **Phone #** | Click or tap here to enter text. |
| **Street Address** | Click or tap here to enter text. | **Position Held** | Click or tap here to enter text. |
| **City/State/Zip Code** | Click or tap here to enter text. | **Rate of Pay** | Click or tap here to enter text. |
| **Job Duties:**  | Click or tap here to enter text. |
| **Reason for leaving?**  | Click or tap here to enter text. |
| **Previous Employment** |
| **Employer Name** | Click or tap here to enter text. |
| **Start Date** | Click or tap to enter a date. | **End Date** | Click or tap to enter a date. |
| **Supervisor Name** | Click or tap here to enter text. | **Phone #** | Click or tap here to enter text. |
| **Street Address** | Click or tap here to enter text. | **Position Held** | Click or tap here to enter text. |
| **City/State/Zip Code** | Click or tap here to enter text. | **Rate of Pay** | Click or tap here to enter text. |
| **Job Duties:**  | Click or tap here to enter text. |
| **Reason for leaving?**  | Click or tap here to enter text. |
| **Previous Employment** |
| **Employer Name** | Click or tap here to enter text. |
| **Start Date** | Click or tap to enter a date. | **End Date** | Click or tap to enter a date. |
| **Supervisor Name** | Click or tap here to enter text. | **Phone #** | Click or tap here to enter text. |
| **Street Address** | Click or tap here to enter text. | **Position Held** | Click or tap here to enter text. |
| **City/State/Zip Code** | Click or tap here to enter text. | **Rate of Pay** | Click or tap here to enter text. |
| **Job Duties:**  | Click or tap here to enter text. |
| **Reason for leaving?**  | Click or tap here to enter text. |

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| **Availability** |
| **Our Residential and Day Programs require that staff be available at all times when individuals are there – days, evenings, nights, weekends, and holidays. PLEASE NOTE: This agency does not hire for specific shifts so times of shifts may vary and often rotate.** |
|  | **When are you available?** | **Hours Available:** |
| **Monday**  | Choose an item. | Click or tap here to enter text. |
| **Tuesday** | Choose an item. | Click or tap here to enter text. |
| **Wednesday** | Choose an item. | Click or tap here to enter text. |
| **Thursday** | Choose an item. | Click or tap here to enter text. |
| **Friday** | Choose an item. | Click or tap here to enter text. |
| **Saturday** | Choose an item. | Click or tap here to enter text. |
| **Sunday** | Choose an item. | Click or tap here to enter text. |
| **Can you work weekends and holidays?** | Choose an item. |
| **If no, please explain:** Click or tap here to enter text. |

***We are an equal opportunity, affirmative action employer and encourage internal promotion prior to consideration of new hires.***

**REFERENCE FORM**

The applicant listed below is formally applying for a position with the Sumter County Disabilities and Special Needs Board. All information provided will be considered strictly confidential.

South Carolina law grants immunity from civil liability to a previous employer for good-faith comments about job performance made without malice or reckless disregard for the truth when responding to a written request from a prospective employer.

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and employees of the Sumter County Disabilities and Special Needs Board which may include, but not be limited to, information concerning my past and present work; including my official personnel files; attendance records, evaluations, education records including transcripts, military service, law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents and employees of Sumter County Disabilities and Special Needs Board to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organizations, all third parties from any and all claim of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

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| **Name of applicant:** Click or tap here to enter text.  |
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| **SS#: XXX – XX-** Click or tap here to enter text.  |
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| **Position applicant is applying for:** Click or tap here to enter text. |
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| **Signature of Applicant:** Click or tap here to enter text. | **Date:** Click or tap to enter a date. |

TO APPLICANT: Many people will not complete the reference unless confidentiality can be assured. Please sign and date the waiver of access below. All applications and accompanying records become the property of the Sumter County Disabilities and Special Needs Board and are not available to candidates.

WAIVER OF ACCESS: I, the undersigned, waive any right of access to this reference.

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| **Signature of Applicant:** Click or tap here to enter text. | **Date:** Click or tap to enter a date. |

**VOLUNTARY SELF-IDENTIFICATION FORM**

The Sumter County Disabilities and Special Needs Board is required by federal law to maintain the following information for equal employment opportunity purposes. The requested information is voluntary. All information received will be kept confidential and separate from your personnel file. Refusing to complete this form will in no way result in an adverse employment action.

**1a. Please check one:**

[ ] Elect not to self-identify.

[ ] Hispanic or Latino, defined as a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. (Please skip to Question 2.)

[ ] Not Hispanic or Latino. (Please answer Questions 1b and 2.)

**1b. Select from the following:**

[ ] White, defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

[ ] Black or African American, defined as a person having origins in any of the black racial groups of Africa.

[ ] Native Hawaiian or Other Pacific Islander, defined as a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

[ ]  Asian, defined as 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.

[ ] American Indian or Alaskan Native, defined as a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

[ ] Two or more races, defined as all persons who identify with more than one of the above five races.

[ ]  Male

[ ] Female

[ ] Nonbinary

If you qualify for veterans’ preference, please check any of the following that are applicable:

[ ]  Special Disabled Veteran

[ ]  Vietnam Era Veteran

[ ]  Other Eligible Veteran - Personnel has a list of wars, campaigns, and expeditions which qualify for veterans’ preference

Will you need reasonable accommodation to participate in the selection procedures (e.g. interview, written tests, job demonstration)?

[ ]  Yes If yes, please notify the Personnel Office

[ ]  No

State agencies are actively supporting the Family Independence Act by hiring welfare and food stamp recipients for certain jobs. Are you currently receiving AFDC benefits or food stamps?

[ ]  Yes

[ ]  No

**APPLICANT’S CERTIFICATION AND AGREEMENT:**

Please read very carefully before signing

[ ]  I certify that I have never been involved in a substantiated case of abuse or neglect.

[ ]  I have no objection to having my criminal record checked with the South Carolina Law Enforcement Division.

[ ]  I agree that I will be responsible for the cost of this report.

[ ]  I agree to submit to a pre-employment physical examination at the facility designated by the agency.

[ ]  I am aware that I will be responsible for the cost of this physical.

[ ]  I agree to submit to pre-employment drug screening at the facility designated by the agency.

[ ]  I am aware that I will be responsible for the cost of this drug screening.

[ ]  I am aware that test results indicating the presence of illegal or non-prescribed chemicals or refusal to submit to the pre-employment drug screening will result in my being excluded from further employment consideration.

[ ]  I certify that I am not in default on any of the following types of loans: National Direct Student Loan, National Defense Student Loan, Guaranteed Federally Insured Student Loan, Nursing Student Loan, Health Professional Student Loan, or Law Enforcement Education Loan.

[ ]  I certify that this application was completed by me, that all information on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance which might be relevant to my being considered for employment. I understand that falsifying or omitting information on this application or any accompanying documents may cause me to be disqualified from further consideration or dismissed from employment if hired, regardless of when or how discovered.

[ ]  I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I understand that all offers of employment are conditional contingent on receipt of satisfactory reference checks, satisfactory criminal records check, acceptable driver’s license report, satisfactory medical examination/drug screen/tuberculin skin test, receipt of educational achievement, and satisfactory completion of required training and personnel paperwork.

[ ]  If hired, I agree to abide by all agency policies, rules, and regulations, and understand that the agency has the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, and otherwise change all policies, procedures, benefits, or other terms or conditions of employment.

[ ]  I understand that any employment relationship with this agency is of an ***“at will”*** nature, which means that either the employer or the employee can terminate the employment relationship at any time, with or without prior notice. I also understand that this ***“at will”*** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this agency. I further understand that ***nothing in this application or agency policy, written or unwritten, creates a contract of employment between me and the Sumter County Disabilities and Special Needs Board***. I am not guaranteed employment in general or any specific job in particular for any specified period of time.

[ ]  I understand that completion of this Application for Employment does not guarantee that I have been employed by this agency, nor does it guarantee that I will be offered employment.

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| **Name of applicant:** Click or tap here to enter text.  |
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| **Signature of Applicant:** Click or tap here to enter text. | **Date:** Click or tap to enter a date. |



**CRIMINAL RECORD CHECK**

(**Please print your completed form and submit to SLED. You may want to print a copy for your records**.)

FULL NAME (with middle name): Click or tap here to enter text.

AKA and/or MAIDEN NAMES: Click or tap here to enter text.

DOB: Click or tap here to enter text. SSN: Click or tap here to enter text.

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

***(A self-addressed stamped envelope is required for the return of background)***

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| *CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY**NAME OF ORGANIZATION:* Sumter County DSN Board*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**VERIFICATION NUMBER (as provided by SLED for online checks):* N0032*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SCHOOL DISTRICTS ONLY – POSITION APPLIED FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(A self-addressed stamped envelope is required for the return of background check)* |

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PLEASE NOTE:

The fee is twenty-five dollars ($25) unless you are a charitable organization approved for a fee of eight dollars ($8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier’s check or money order payable to SLED. PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED. This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

***\*SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008***.

(CJ-022) Revised 09/25/15

