

Application for Employment

**Dillon County
Post Office Box 449
Dillon, South Carolina 29536
Ph (843)774-1400 Fax (843)774-1443**

Date _____ Social Security Number _____

Last Name _____ First _____ Middle _____

Other last name ever used _____

Present Address (Street) _____

City _____ State _____ County _____ Zip Code _____

Mailing Address (If different) _____

Telephone Number (home) _____ Alternate Contact: Name/Number _____

Person to contact in case of emergency: Name _____ Relation _____

Address _____ Telephone _____

Position(s) for which you are applying _____ Date available for work _____

Department _____

Are you available for:	YES	NO
Temporary Work	_____	_____
Part-time Work	_____	_____
Travel	_____	_____

Do you have adequate transportation to get to work on time each day? _____

Will periodic overtime pose a problem? _____

Are you related to anyone who is an elected official in Dillon County or anyone who is employed by Dillon County or a participant in or a supervisor for any Dillon County Employment and Training Program? _____ Yes _____ No If yes, give name of person and relationship to you.

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law? You may omit (1) traffic violation for which you paid a fine of \$100.00 or less; and (2) any offense committed before your 21st birthday, which was finally adjudicated in a juvenile court or under a Youth Offender Law.
_____ Yes _____ No (If your answer is yes, give details on a separate sheet)

Note: A conviction does not automatically mean you cannot be appointed. What you were convicted of and how recently will be evaluated in relation to the position for which you are applying.

Education and Training

Indicate highest-grade completed _____

List, beginning with High School, all schools attended. Include trade, vocational, military, etc. Indicate city and state of school and dates of attendance.

Type of School Year	School Name, City and State	From	To	Degree
High School				
College				
College				
Graduate School				
Other				
Other				

List any school or college honors

List any special qualifications and skills (licenses, skills with machines or equipment, public speaking, member in professional or scientific societies, typing, keyboarding, shorthand speed, etc.)

List any additional experience, training or education related to position applied for

References: List three (3) persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-worker, teach, etc. Do not repeat names of supervisors listed under Employment history.

Name Occupation	Business or Home Address and Telephone	Business

Individuals selected for employment must submit to a drug test.

I certify that all of the statements made in this application are true, complete and correct, to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of my application.

Signature of Applicant _____ Date _____

We are an equal opportunity employer.

Employment History

Start with your current or most recent position and work backwards. Account for periods of unemployment in separate blocks in order. May inquiry be made of your present employer regarding your character, qualifications and record of employment? _____ Yes _____ No (A "No" answer will not affect your consideration for employment). Attach additional pages if necessary.

Name of employer _____ Immediate Supervisor _____
Address of employer _____ City _____ State _____ Zip Code _____
Employer Telephone Number _____ Employment Dates: From _____ to _____
Month/Year Month/Year
Job Title _____ Reason for Leaving _____
Salary _____ Duties/Responsibilities: _____
Number of employees supervised _____

Name of employer _____ Immediate Supervisor _____
Address of employer _____ City _____ State _____ Zip Code _____
Employer Telephone Number _____ Employment Dates: From _____ to _____
Month/Year Month/Year
Job Title _____ Reason for Leaving _____
Salary _____ Duties/Responsibilities: _____
Number of employees supervised _____

Name of employer _____ Immediate Supervisor _____
Address of employer _____ City _____ State _____ Zip Code _____
Employer Telephone Number _____ Employment Dates: From _____ to _____
Month/Year Month/Year
Job Title _____ Reason for Leaving _____
Salary _____ Duties/Responsibilities: _____
Number of employees supervised _____

Name of employer _____ Immediate Supervisor _____
Address of employer _____ City _____ State _____ Zip Code _____
Employer Telephone Number _____ Employment Dates: From _____ to _____
Month/Year Month/Year
Job Title _____ Reason for Leaving _____
Salary _____ Duties/Responsibilities: _____
Number of employees supervised _____

Equal Employment Opportunity

The following information is requested on a voluntary basis. The information will be used for research and analysis purposes only and will not be used in making an employment decision.

Name _____ Social Security No. _____-_____-_____

Sex _____ Age _____ Date of birth _____

Race:

American Indian _____

Black _____

Spanish Surnamed _____

White _____

Other _____

Marital Status _____