

# EMPLOYMENT APPLICATION

(Type or Print in Black or Dark Blue Ink)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Date of Application: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Home) (Cell)

Email: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ am or pm (please circle)

Available to Work: \_\_\_\_\_ Full-Time or \_\_\_\_\_ Part-Time

Shift Availability: \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup>

When could you begin: \_\_\_\_\_ Acceptable Salary Range: \_\_\_\_\_

Veteran: \_\_\_ Yes \_\_\_ No (If yes, please attach copy of DD214)

Are you 18 years of age or older? \_\_\_ Yes \_\_\_ No

Are you legally eligible to work in the United States? \_\_\_ Yes \_\_\_ No

Have you ever been convicted or pled guilty to a felony or crime? \_\_\_ Yes \_\_\_ No

(If yes, please explain the number of convictions, the nature of offence(s) leading to conviction(s), how recently such offenses was/were committed, sentence(s), and type(s) of rehabilitation):

Conviction will not necessarily disqualify an applicant for employment. Records will be checked through state and/or federal law enforcement agencies.

Have you ever been charged or convicted of a crime involving abuse, neglect, or exploitation? \_\_\_ Yes \_\_\_ No  
If yes, please explain:

Do you have relatives employed by this Agency? \_\_\_ Yes \_\_\_ No

If yes, please give names: \_\_\_\_\_

### EDUCATIONAL ACHIEVEMENTS

School	Name & Location	Date Enrolled From/To	Degree Received or Expected	GPA	Course of Study
High School					Diploma Yes      No
Trade/Vocational					
College					
College					

### PROFESSIONAL CERTIFICATES OR LICENSES

Profession	Date of Current Certificate License	State Issued or Registered in	Date of 1 <sup>st</sup> License or Registration

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer about your Application for Employment with this Agency?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been discharged or asked to resign from a job? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please explain:

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### Personal References

Name:	Phone:
Name:	Phone:
Name:	Phone:

### EMPLOYMENT HISTORY

This section **MUST BE COMPLETED AND FILLED OUT ENTIRELY EVEN IF SUPPLEMENTED BY A RESUME.** Beginning with your most recent employment, list all jobs you have held in the past ten (10) years. Cover full disposition of your time including gaps. Explain gaps in the comments section below. Use a separate sheet if necessary. **PLEASE COMPLETE CAREFULLY.**

Have you ever worked at Darlington County Disabilities and Special Needs Board before?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

#### Current or Most Recent Employer

Name of Employer : _____ Street: _____ City, State, Zip: _____ Supervisor: _____ Phone: _____ May we contact? _____ Reason for Leaving: _____ _____	Start Date: _____ End Date: _____ Starting Position: _____ Ending Position: _____ Starting Rate of Pay: _____ Ending Rate of Pay: _____ Summarize duties and nature of work performed: _____ _____
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#### Next Previous Employer

Name of Employer : _____ Street: _____ City, State, Zip: _____ Supervisor: _____ Phone: _____ May we contact? _____ Reason for Leaving: _____ _____	Start Date: _____ End Date: _____ Starting Position: _____ Ending Position: _____ Starting Rate of Pay: _____ Ending Rate of Pay: _____ Summarize duties and nature of work performed: _____ _____
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**Next Previous Employer**

Name of Employer : _____ Street: _____ City, State, Zip: _____ Supervisor: _____ Phone: _____ May we contact? _____ Reason for Leaving: _____ _____	Start Date: _____ End Date: _____ Starting Position: _____ Ending Position: _____ Starting Rate of Pay: _____ Ending Rate of Pay: _____ Summarize duties and nature of work performed: _____ _____
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**Next Previous Employer**

Name of Employer : _____ Street: _____ City, State, Zip: _____ Supervisor: _____ Phone: _____ May we contact? _____ Reason for Leaving: _____ _____	Start Date: _____ End Date: _____ Starting Position: _____ Ending Position: _____ Starting Rate of Pay: _____ Ending Rate of Pay: _____ Summarize duties and nature of work performed: _____ _____
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Comments (including explanation of any gaps in employment or any additional information about your skills/knowledge): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY**

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatements of material facts herein will cause forfeiture of all my rights to employment with this agency. The Darlington County Disabilities and Special Needs Board is authorized to request a transcript where necessary to verify my education record and make any background investigation necessary for employment purposes. I have no objection to having my record cleared through state and federal law enforcement agencies. I further agree to a physical examination as such an examination is required as a condition of employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and Employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for completing this application and for your interest in employment with our agency!*

**APPLICANT'S STUDENT LOAN CERTIFICATION**

The Darlington County Disabilities and Special Needs Board prohibits employment to persons who have willfully defaulted on student loans. Accordingly, all employees of THE Darlington County Disabilities and Special Needs Board and applicants for employment are required to complete the following certification.

Check One

- National Direct Student Loan
- National Defense Student Loan Guaranteed-Federally Insured Student Loan Nursing Student Loan
- Health Professions Student Loan
- Law Enforcement Educational Loan

I understand that my defaulting on such loans will preclude my future employment with the agency unless I voluntarily enter and honor an agreement after default under which terms the debt will be repaid and the lender provides written confirmation of the agreement to the agency. If employed, I will inform the Human Resource Director in writing of any future defaults on these types of loans.

- I am currently in default on one or more of the above loans (Please check which type of loan)
- Non-applicable

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEMOGRAPHIC DATA**

Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Drivers License Expiration: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City)

\_\_\_\_\_  
(State) (County) (Zip)

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Home) (Cell)

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status - Actual: \_\_\_\_\_ Educational Level: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City)

\_\_\_\_\_  
(State) (County) (Zip)

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Home) (Cell)

To be separated from application before consideration for employment and filed in the Human Resources Department.

**EEO REPORTING AND PERSONNEL RESEARCH**

DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

NOTE: The information in this section is not used to evaluate your application. This information is needed to satisfy Equal Employment Opportunity reporting and personnel research requirements. Supervisors reviewing the application will not have access to this information.

SEX: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

RACE: CHECK ONE OF THE FOLLOWING:

\_\_\_\_ W - WHITE (NOT HISPANIC)

\_\_\_\_ B - BLACK (NOT HISPANIC)

\_\_\_\_ H - HISPANIC (REGARDLESS OF RACE)

\_\_\_\_ A - AMERICAN INDIAN OR ALASKAN NATIVE

\_\_\_\_ O - ASIAN OR PACIFIC ISLANDER

POSITION APPLIED FOR: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PRINT NAME: \_\_\_\_\_  
(Last) (First) (Middle)

Please check the source from which you first learned of the position.

\_\_\_\_ Newspaper

\_\_\_\_ Bulletin Board

\_\_\_\_ Agency Employee

\_\_\_\_ Indeed, or Employment website or Other: \_\_\_\_\_