

Darlington County Disabilities and Special Needs Board

“To enhance the lives, develop the abilities, and promote the independence of people with disabilities”



201 N. Damascus Church Road
Hartsville, SC 29550
(843) 332-7252

EMPLOYMENT APPLICATION

An Equal Opportunity Employer



MEMBER
United Way of Darlington County
and
Hartsville United Way

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: (_____) _____ (_____) _____
(Home) (Business)

Position(s) Applied For: _____

Available to Work: () Full Time (please indicate shift 1 2 3)
() Part Time (please indicate Morning Afternoon Evening)
() Temporary (please indicate dates available ____/____/____ - ____/____/____)

Best Time To Contact You at Home is : _____ A.M. P.M.

Could Begin Work: _____ Acceptable Salary Range: _____

Veteran of Military Service? () Yes () No If yes, attach copy of DD214

Do You Possess a Valid S.C. Driver's License? () Yes () No

Drivers License Number: _____ Expiration Date: _____

Are you 18 years of age or older? () Yes () No

Are you legally eligible for work in the United States? () Yes () No
Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted or pled guilty to a felony or other crime? () Yes () No
If "yes", please explain the number of convictions, the nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s), and type(s) of rehabilitation _____

Conviction will not necessarily disqualify an applicant from employment. Record 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", give names and where assigned: _____

EDUCATION ACHIEVEMENTS

Circle Year of Highest Education Completed	Grade School	High School	College	Graduate School
	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4	1 2 3

School	Name & Location	Date Enrolled From/To	Degree Received or Expected	G.P.A.	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 st 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 _____

EMPLOYMENT HISTORY

This section **MUST BE COMPLETED 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 When? _____

Current or Most Recent Employer

Name of Employer _____	Starting Date _____ Ending Date _____
Street _____	Starting Position _____
City, State, Zip _____	Ending Position _____
Supervisor _____	Starting Rate of Pay _____ Ending Rate of Pay _____
Phone # (____) _____ May We Contact? _____	Summarize your duties and nature of work performed.
Reason for Leaving _____	_____
_____	_____
_____	_____

Next Previous Employer

Name of Employer _____	Starting Date _____ Ending Date _____
Street _____	Starting Position _____
City, State, Zip _____	Ending Position _____
Supervisor _____	Starting Rate of Pay _____ Ending Rate of Pay _____
Phone # (____) _____ May We Contact? _____	Summarize your duties and nature of work performed.
Reason for Leaving _____	_____
_____	_____
_____	_____

Next Previous Employer

Name of Employer _____	Starting Date _____ Ending Date _____
Street _____	Starting Position _____
City, State, Zip _____	Ending Position _____
Supervisor _____	Starting Rate of Pay _____ Ending Rate of Pay _____
Phone # (____) _____ May We Contact? _____	Summarize your duties and nature of work performed.
Reason for Leaving _____	_____
_____	_____
_____	_____

Next Previous Employer

Name of Employer _____	Starting Date _____ Ending Date _____
Street _____	Starting Position _____
City, State, Zip _____	Ending Position _____
Supervisor _____	Starting Rate of Pay _____ Ending Rate of Pay _____
Phone # (____) _____ May We Contact? _____	Summarize your duties and nature of work performed.
Reason for Leaving _____	_____
_____	_____
_____	_____

Comments (including explanation of any gaps in employment) _____

Attach Resume if available after completion of above.

PERSONAL REFERENCES
(Excluding Former Employers or Relatives)

1. Name: _____ Occupation: _____

Address: _____ Phone: _____

2. Name: _____ Occupation: _____

Address: _____ Phone: _____

3. Name: _____ Occupation: _____

Address: _____ Phone: _____

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her background. To assist us in finding the proper position for you in our organization, use the space below to summarize any additional information necessary to describe your full qualifications:

Application must be signed and dated on back.

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 whatever 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 if such 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 the Employer may discharge 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.

Applicant's Signature: _____ Date: _____

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