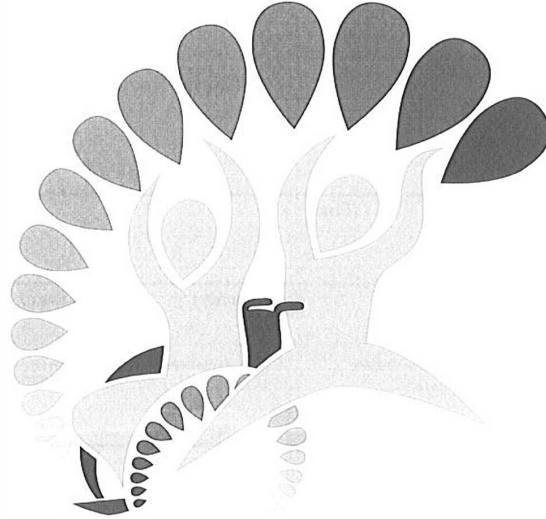


# Darlington County Disabilities and Special Needs Board

*"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

**With your application,  
please bring the originals or  
submit a color copy of your:**



1. Driver's license
2. High School Diploma
3. Social Security Card

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)

email: \_\_\_\_\_

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

<b>Circle Year of Highest Education Completed</b>	<b>Grade School</b>	<b>High School</b>	<b>College</b>	<b>Graduate School</b>
	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
<b>High School</b>					Diploma ( ) Yes ( ) No
<b>Trade/Vocational</b>					
<b>College</b>					
<b>College</b>					

### 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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## 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 is 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!*

# REFERENCE FORM

The applicant listed below is formally applying for a position with the Darlington County Disabilities and Special Needs Board. Three references are required from persons who are uniquely familiar with his/her ability, potential, and/or past performance. All information provided will be considered strictly confidential.

NAME OF APPLICANT: \_\_\_\_\_ SS #: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION(S) APPLICANT IS APPLYING FOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO APPLICANT: Many people will not complete reference unless confidentiality can be assured: If you wish this reference to be confidential, please sign and date the waiver of access below. All applicants and accompanying records become the property of DCDSNB and are not available to candidates.

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

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

## APPLICANT'S 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 into 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 Personnel Office 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 #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City  
\_\_\_\_\_  
State Zip Code County

TELEPHONE: HOME: \_\_\_\_\_ OTHER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

MARITAL STATUS - ACTUAL: \_\_\_\_\_ EDUCATIONAL LEVEL: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City  
\_\_\_\_\_  
State Zip Code County

RELATIONSHIP: \_\_\_\_\_

TELEPHONE NO. 1: \_\_\_\_\_ LOCATION: \_\_\_\_\_

TELEPHONE NO. 2: \_\_\_\_\_ LOCATION: \_\_\_\_\_

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

## EEO REPORTING AND PERSONNEL RESEARCH

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

Social Security #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NOTE: The information requested 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: \_\_\_\_\_  
Month Day Year

Print Name: \_\_\_\_\_  
Last First Middle Initial

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

- ( ) Newspaper
- ( ) Bulletin Board
- ( ) Agency Employee
- ( ) Other: \_\_\_\_\_