

# 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: \_\_\_\_\_

This document was created with Win2PDF available at <http://www.win2pdf.com>.  
The unregistered version of Win2PDF is for evaluation or non-commercial use only.  
This page will not be added after purchasing Win2PDF.