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STATE OF SOUTH CAROLINA

EMPLOYMENT APPLICATION

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

Position applying for:

Job Title _____

Agency _____ Location _____

Contact Information

Name _____ Former Last Name _____
First *Middle Initial* *Last*

Mailing Address _____

Address _____
City *County* *State* *Zip Code*

Email Address _____

Home Phone _____ Alternate Phone _____ Notification Preference ☐ Mail ☐ Email

Other Personal Information

Do you possess a valid driver's license? ☐ Yes ☐ No If yes, provide State and number _____

Expiration date _____ Class (check one) ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ M ☐ G

Can you, after employment, submit proof of your legal right to work in the United States? ☐ Yes ☐ No _____
Month and Day of Birth

Are you willing to relocate? ☐ Yes ☐ No If yes, provide counties _____

What type of job are you looking for? ☐ Regular ☐ Temporary ☐ Seasonal ☐ Internship

What types of work will you accept? ☐ Full Time ☐ Part Time ☐ Per Diem

What shifts are you available to work? ☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends ☐ On Call (as needed)

Education

High School Name _____ Location _____ ☐ Diploma ☐ Other (specify) _____

Give name and address of school, major course of study, and degree achieved.

Undergraduate College/University _____ Graduate School _____

Degree Attained _____ Degree Attained _____

Year _____ Year _____

Additional Information

Certificates and Licenses _____

_____

Additional Skills _____

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Please carefully read the following information:

In addition to evaluating you for the position for which you are applying, the following questions will provide us with statistics needed to evaluate our recruitment program, as well as to prepare statistical reports required by Federal, State and local agencies.

Have you ever been convicted of a criminal offense? ☐Yes ☐No

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charge(s) _____

Where Convicted_____ Date _____Disposition/Status _____

Are you currently employed by the State of South Carolina? ☐ Yes ☐ No If yes, which agency?_____

Do you have any relatives employed with the State of South Carolina? ☐ Yes ☐ No If yes, please provide name(s), relationship, and agency below.

Name_____Relationship _____Agency _____

Name_____Relationship _____Agency _____

Have you ever been terminated or forced to resign from any job? ☐ Yes ☐ No If yes, please explain below.

_____

_____

Will you need reasonable accommodations to participate in the selection procedures (e.g., interview, written tests, or job demonstration)? ☐ Yes ☐ No

If yes, contact the human resources office of the agency for which you are applying.

State agencies are actively supporting the Family Independence Act by hiring welfare and food stamp recipients for certain jobs. Are you currently receiving AFDC benefits or food stamps? ☐ Yes ☐ No

Gender: ☐ Female ☐Male Date of birth: _____ / _____ /_____ Social security number: _____ - _____ - _____

Ethnicity: ☐American Indian / Alaska Native ☐ Asian ☐ Black / African American ☐Hispanic / Latino
☐ Native Hawaiian / Other Pacific Islander ☐ Two or More Races ☐ White

Student Loan: State Law (59-111-50) prohibits employment with the State to people who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

Have you been separated from South Carolina State Government employment as a part of a reduction-in-force within the past 12 months? ☐ Yes ☐ No

Signature _____ Date _____

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and employees of the State of South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents and employees of the State to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organization, all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature _____ Date _____

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature _____ Date _____

Give the name, address, and phone number of two people, not relatives, who are familiar with your work.

Name _____ Address_____ Phone _____

Name _____ Address_____ Phone _____

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Work History

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide explanation for any gaps in employment. All information in this section must be complete. A résumé may be attached, but not substituted for completing this section. Should you need additional space, copy this page.

1. Name of Present or Last Employer: _____

Job Title: _____

Address: _____ Phone _____ Supervisor _____

From: _____/_____/_____ To: _____/ _____/_____ Hours Per Week _____ Salary _____ Number Supervised _____

May we contact this employer? ☐ Yes ☐ No

Job Duties (give details) _____

_____

_____

Reason For Leaving _____

2. Your Next Most Recent Employer: _____

Job Title: _____

Address: _____ Phone _____ Supervisor _____

From: _____/_____/_____ To: _____/ _____/_____ Hours Per Week _____ Salary _____ Number Supervised _____

May we contact this employer? ☐ Yes ☐ No

Job Duties (give details) _____

_____

_____

Reason For Leaving _____

3. Your Next Most Recent Employer: _____

Job Title: _____

Address: _____ Phone _____ Supervisor _____

From: _____/_____/_____ To: _____/ _____/_____ Hours Per Week _____ Salary _____ Number Supervised _____

May we contact this employer? ☐ Yes ☐ No

Job Duties (give details) _____

_____

_____

Reason For Leaving _____