GREENWOOD COUNTY, SOUTH CAROLINA
PERSONNEL DEPARTMENT
EMPLOYMENT APPLICATION

(Please Print)

POSITION APPLIED FOR_____

Greenwood County does not discriminate on the basis of disability in its operations or hiring practices. The County Engineer is the ADA/504 Coordinator and questions may be directed to him at 528 Monument Street, Room B03, Greenwood, SC.

PERSONAL

Name_____ __ Social Security No._____
Last First Middle

Home Phone No._____ Work Phone No._____

Present Address_____
Street City State Zip Code

Previous Address_____
Street City State Zip Code

Is there any reason why you can't be bonded? _____

Have you ever been convicted, pled guilty, or pled no contest to a crime other than a minor traffic violation?
Yes____ No____ If yes, please provide details _____

PLEASE NOTE: A conviction does not preclude your application from being considered. The reason for conviction or plea and the position for which you are being considered will be evaluated. However, if you provide any false or misleading information, or withhold information, your application may be rejected.

Do you have a valid driver's license? Y_____ N_____ If yes please provide license number_____
Check applicable driver's license Class: A_____ B_____C_____ D_____E_____F_____CDL_____
List skills you possess that would qualify you for this position_____

Have you ever worked for an agency that participated in the South Carolina Retirement System? Y____N___
If yes, were you a member during the full length of your employment?_____
List any member(s) of your immediate family who works for Greenwood County. _____
Have you ever been employed by Greenwood County? Y___ N___ If yes, dates of employment_____
If hired, when could you begin work? _____ Will you be available for work on week-ends? Y___ N___
In case of emergency, contact:_____
Name Relationship

Address Phone No.

EDUCATION AND TRAINING

SCHOOL	NAME/ADDRESS	COMPLETED	DATES ATTENDED	DIPLOMA/DEGREE	COURSES
Elementary		1 2 3 4 5 6 7 8			
High		9 10 11 12			
College		1 2 3 4			
Graduate		1 2 3 4			
Other					

High School Equivalency Test: Date Passed_____ State Awarded_____

MILITARY RECORD

Have you ever been in the U. S. Armed Forces? Y_____ N_____ If yes what branch?_____

Date of duty: From_____ To_____ Rank at Discharge_____

EMPLOYMENT HISTORY

List your entire employment history beginning with your most recent employment; account for periods of unemployment. Attach additional sheets if necessary. May we contact your present employer for a reference? Y_____ N_____

FROM	TO	NAME/ADDRESS OF EMPLOYER	DUTIES	ANNUAL SALARY	REASON FOR LEAVING

PERSONAL REFERENCES

List below three (3) responsible persons (not former employers or relatives) who have known you for at least five (5) years and will serve as a reference for you.

NAME	ADDRESS	PHONE	OCCUPATION

PHYSICAL EXAMINATION

I understand that I may be asked to undergo a physical examination in connection with this application which will be provided by the County physician at no expense to me. I further understand that the physical examination will include a test for drug dependency or use and I do hereby consent to such a test.

I hereby certify that the answers given by me to the above questions are true to the best of my knowledge. I understand that any falsification or misrepresentation may result in my being disqualified from consideration or dismissed from the classified service.

_____ _____

Applicant's Signature Date

_____ _____

Parent's Signature if Applicant is under age 17

COUNTY OF GREENWOOD'S RECORD INQUIRY

I hereby authorize and request the Greenwood County Personnel Department, 600 Monument Street, Greenwood, South Carolina to obtain any police records, including the records of arrest, police reports, accident reports and records of convictions including both misdemeanor and felonies, for the purpose of employment. I understand that giving of this authorization and release of this information is a condition of employment and any applicant who does not execute this release shall not be hired or if hired shall not be retained in employment.

In consideration of such disclosure on the part of the above named persons or institutions, I hereby release them from all and any liability arising therefrom and do relinquish and waive any claim or right I might have against them arising from such disclosure and copying.

_____ _____ _____

Signature Date Witness

TO:

Any person, organization or agency having knowledge of my conduct or activities; or any past or present employer; or any credit bureau, retail merchants association, bank, financial institution or any other credit extending organization; or any dean, registrar, principal, counselor, instructor or other authorized person at a school (university, college, high school, trade school, or other); or any doctor, hospital, clinic or sanitarium; or any department or agency for City, County, or State Government, or of the Federal Government.

I, _____ hereby authorize

Name (type or print)

Greenwood County to conduct an appropriate check including, but not limited to, Personal interviews for determination of my eligibility to occupy a position of trust in maintaining the public health and safety, I authorize all persons who may have Information relevant to this check to disclose it to Greenwood County or its agents, and I release all persons from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Signature: _____

Date: _____

Address: _____

_____

Social Security Number: _____

Driver's License Number: _____