

# ABBEVILLE COUNTY Employment Application



"Heritage With A Future"

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, material or veteran status, or the presence of a non-job-related medical condition or handicap.

## Applicant Information

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Employment Type: Full-Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temp. To Perm. \_\_\_\_\_ Temp. \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street/P.O. Box City Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

If hired, when could you begin work? \_\_\_\_\_  
 Will you be available for work on weekends? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you participated in the SC Retirement System? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Can you be bonded? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever been in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes to the above question, what branch? \_\_\_\_\_  
 Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
 Do you have a valid driver's license? Yes \_\_\_\_\_ Class \_\_\_\_\_ No \_\_\_\_\_  
 Do you have any criminal convictions? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, list all criminal convictions, guilty pleas, and/or no-contest. Convictions will not be an absolute bar to employment. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been employed by Abbeville County? \_\_\_\_\_ If yes, dates worked: \_\_\_\_\_  
 List any member(s) of your immediate family who work for Abbeville County: \_\_\_\_\_  
 \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_  

	Name	Relationship
Address	Telephone #	

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ to: \_\_\_\_\_ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ to: \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ to: \_\_\_\_\_ Degree: \_\_\_\_\_

High School Equivalency Test: Date Passed \_\_\_\_\_ State Awarded \_\_\_\_\_

## 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? Yes \_\_\_\_\_ No \_\_\_\_\_

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From/To \_\_\_\_\_ Name/Address of Employer \_\_\_\_\_

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Duties \_\_\_\_\_

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Annual Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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From/To \_\_\_\_\_ Name/Address of Employer \_\_\_\_\_

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Duties \_\_\_\_\_

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Annual Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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From/To \_\_\_\_\_ Name/Address of Employer \_\_\_\_\_

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Duties \_\_\_\_\_

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Annual Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

## Personal References

List below three (3) persons (not former employers or relatives) who have known you for at least five (5) years.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>
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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.

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Applicant's Signature \_\_\_\_\_

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Date \_\_\_\_\_

## County of Abbeville's Record Inquiry

I hereby authorize and request the Abbeville County Personnel Department, 903 W. Greenwood Street, Abbeville, South Carolina to obtain any police records, including the records of arrests, police reports, accident reports and records of convictions including both misdemeanors and felonies, for the purpose of employment. I understand that giving of this authorization and release of 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 any and all liability arising there from and do relinquish and waive any claim or right I might have against them arising from such disclosure and copying.

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Signature	Date	Witness
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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, register, 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 of agency for City, County or State Government, or of the Federal Government.

I \_\_\_\_\_, hereby authorize Abbeville  
Name (type or print)

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 have information relevant to this check to disclose it to Abbeville County or its agents, and I release all persons from liability on account of this disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

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Signature	Date
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Address

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Social Security #	Birth date	Driver's License #
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