

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 terminated or forced to resign? Yes _____ No _____
 If yes to the above question, explain why. _____
 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 _____

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.

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, 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.

Signature	Date
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Address

Social Security #	Birth date	Driver's License #
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