



Application For Employment

Dillon County

Post Office Box 449

Dillon, South Carolina 29536

Ph (843)774-1400 Fax (843)774-1443

Dillon County is an Equal Employment Opportunity Employer, and makes all employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, gender identification or disability.

_____-_____-_____
Social Security Number

Date _____

Last _____

First _____

Middle _____

(Other name used) _____

Present Address _____

City

State

County

Zip code

Mailing Address (If different)

Telephone Number (Home) _____ Cell Number _____

Emergency contact person: Name _____ Relationship _____

Address _____ Phone _____

Position(s) you are Applying _____ Date Available for Work _____

Are you available for: Temporary _____ Yes _____ No
Part-Time Work _____ Yes _____ No

Do you have dependable transportation to and work? ___ Yes ___ No
Willing to work overtime? ___ Yes ___ No

Acceptance or refusal of temporary or part-time work will not affect your consideration for employment.

Are you seeking Veteran's Preference as a veteran or as the spouse or mother of a deceased veteran? ___ Yes ___ No

List any equipment or machines with which you are proficient and other skills, qualifications, awards, training courses, etc. related to the position for which you are applying:

Are you related to anyone who is an elected official in Dillon County or anyone who is employed by Dillon County as a supervisor? ___ Yes ___ No If yes, give the name and relationship.

Have you ever been convicted of a crime other than a traffic violation? ___ Yes ___ No

If yes:

Charges: _____

Where: _____

Convicted? _____ Date _____

Disposition or current status: _____

Note: A "yes" answer to the question will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying will be considered.

(All applicants tentatively selected for employment for any position will be required to submit to drug screen prior to appointment.)

Education and Training

	Date:	from	To	Degree
High School				
College				
Graduate				
Other				

List any Certifications; Special training or Skills:

List any additional experience, training or education related to the position applied.

References: List three (3) persons not related to you or live in the same home who have a knowledge of your qualifications for this position for which you are applying.

Name	Business or Home Address	Telephone

Employment History

Starting with your current or most recent position and working backwards, list all positions of employment.

May we contact your previous employer ____ Yes ____ No (A "No" will not affect your consideration for employment)

Employer _____ Immediate Supervisor _____

Address of Employer _____ City _____ State _____ Zip Code _____

Employer Telephone Number _____ Employment Dates: From _____ to _____
Month/Year Month/Year

Job Title _____ Reason for Leaving _____

Salary _____ Duties/Responsibilities _____

Employer _____ Immediate Supervisor _____

Address of Employer _____ City _____ State _____ Zip Code _____

Employer Telephone Number _____ Employment Dates: From _____ to _____
Month/Year Month/Year

Job Title _____ Reason for Leaving _____

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Employer Telephone Number _____ Employment Dates: From _____ to _____
Month/Year Month/Year

Job Title _____ Reason for Leaving _____

Salary _____ Duties/Responsibilities _____

Additional Comments: Use this space to add any comments or information which would help us to evaluate your application. Include any volunteer experience related to the position for which you are applying. Use attachment if necessary.

Certification of Applicant:

I affirm, agree and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of facts may result in my being disqualified or discharged.

Applicant's Signature: _____

Date: _____

Reference Check Claim-Waiver Form

To the potential employee: Please read this form carefully. If you agree to the terms, statements, and conditions listed below, please initial each paragraph where shown, and sign and date the form at the bottom.

A. Verification of Accurateness of Statements Made on Employment Application:

I hereby confirm that the information listed on my employment application dated _____ (and any resume or other documentation submitted by me in relation with my attempt to acquire employment with **Dillon County** is true, complete, and precise; and I understand that any false or misleading information or important omissions may disqualify me from any further consideration for employment with Marion County, or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Initials _____

B. Release of Claims Against Providers of References and/or Other Employment Related Information. With the exclusion of contacting my current employer (discussed below).

I completely authorize the inquiry and verification of any statements made by me on my employment application dated _____ (and any resume or other documentation submitted by me in relation with my attempt to acquire employment with **Dillon County**). I clearly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed on my application _____, and any resume or other documentation submitted by me to provide **Dillon County** with any information requested that may be related and useful to **Dillon County** in making a hiring decision. **I clearly release any such persons, organizations, or entities from any and all legal liability for making disclosure of any information about me, which is permitted by law to release.**

Initial: _____

C. Contact with Current Employer:

I DO /Do Not authorize you to contact my current employer. If and only if I have approved for you to contact my current employer, I agree that the terms set forth in paragraph B also to my current employer.

Initial: _____

Date: _____

Signed: _____

Print Name _____