



## 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?            Yes            No                      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:

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

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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 employer, list all positions of employment. Most recent first.

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_