

Florence County Disabilities and Special Needs Board

“Respecting; Educating; Supporting Person's Expectations; Choices with Trust”



1211 E. National Cemetery Rd.

Florence, SC 29506

(843) 667-5007

(843) 662-4021

(843) 394-7814

EMPLOYMENT APPLICATION

An Equal Opportunity Employer



MEMBER OF
United Way
of Florence County

EMPLOYMENT APPLICATION

(Type or Print in Ink)

Florence County Disabilities and Special Needs Board complies with all applicable state and federal laws prohibiting discrimination in employment on race, age, creed, sex, religion, national origin, handicapping conditions or other protected classification.

_____ Date of Application

NAME: _____ S.S. #: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (County) (State) (Zip)

TELEPHONE () _____ Home () _____ Business or Cell

Email Address: _____ Fax # _____

Positions Applied For:

1. _____
2. _____
3. _____

Available to Work: () Full Time () Part Time Please Indicate: ___ Mornings
() Permanent () Temporary ___ Afternoons
___ Evenings

Could Begin Work: _____ Acceptable Salary Range: _____

Veteran of Military Service? () Yes () No If yes, attach copy of DD214.

Do you possess a valid S.C. Driver's License? () Yes () No

Drivers License #: _____ Expiration Date: _____
Class: (Check One) A__ B__ C__ D__ E__ F__ M__ G__

Are you 18 years of age or older? () Yes () No

Have you ever been convicted of a felony? () Yes () No

If Yes, Explain _____

Do you have relatives employed by this Agency? () Yes () No

If yes, give names and where assigned: _____

U.S. Citizen Yes No

If you are not a US citizen, enter the type of Visa and number which verifies your right to be employed in the United States. (Proof of citizenship or immigration status will be required upon employment.)

Type of Visa _____

Visa Number _____

Verified by _____

Have you ever been terminated or forced to resign from any job? Yes No If Yes explain _____

May we contact your present employer about your application for employment with this agency?

() Yes () No

HIGHEST EDUCATION LEVEL COMPLETED: (If multiple degrees, list)				
School and Location	Course of Study	Years Attended		Certificates or Degrees Received
		From	To	

PROFESSIONAL CERTIFICATES OR LICENSES			
Profession	Date of Current Certificate License	State Issued or Registered in	Date of 1st License or Registration

Have you ever worked for South Carolina DDSN or any County Disabilities Board? Yes No

PRIOR WORK HISTORY: (List in order, LAST OR PRESENT EMPLOYER first) Please provide a written explanation of the gap in employment and attach to application.

1. Name, Address & Phone # of Employer: _____

Date employed: From: _____ To: _____

Rate of Pay: Start: _____ Finish: _____

Supervisor's Name and Title: _____

Describe in detail the work you did: _____

Reason for leaving: _____

2. Name, Address & Phone # of Employer: _____

Date employed: From: _____ To: _____

Rate of Pay: Start: _____ Finish: _____

Supervisor's Name and Title: _____

Describe in detail the work you did: _____

Reason for leaving: _____

3. Name, Address & Phone # of Employer: _____

 Date employed: From: _____ To: _____
 Rate of Pay: Start: _____ Finish: _____
 Supervisor's Name and Title: _____
 Describe in detail the work you did: _____
 Reason for Leaving: _____

4. Name, Address & Phone # of Employer: _____

 Date employed: From: _____ To: _____
 Rate of Pay: Start: _____ Finish: _____
 Supervisor's Name and Title: _____
 Describe in detail the work you did: _____
 Reason for Leaving: _____

Attach Resume if available after completion of above.

PERSONAL REFERENCES: (Excluding Former Employers or Relatives)

1. NAME: _____ OCCUPATION: _____
 ADDRESS: _____ PHONE: _____
 2. NAME: _____ OCCUPATION: _____
 ADDRESS: _____ PHONE: _____
 3. NAME: _____ OCCUPATION: _____
 ADDRESS: _____ PHONE: _____

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her background. To assist us in finding the proper position for you in our organization, use the space below to summarize any additional information necessary to describe your full qualifications:

Thank you for completing this application form and your interest in employment with us.

**PLEASE READ CAREFULLY
 APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatements of material facts herein will cause forfeiture of all my rights to employment with this agency. FCDSN is an At-Will Employer and reserves the right to terminate your employment with or without notice. The Florence County Disabilities and Special Needs Board is authorized to request a transcript where necessary to verify my education record and make whatever background investigation necessary for employment purposes. I have no objection to having my record cleared through state and federal law enforcement agencies. I further agree to a physical examination if such examination is required as a condition of employment.

Applicant's Signature: _____ Date: _____

Consent to Alcohol and Drug Testing

I agree that I will consent to and undergo a drug or alcohol test for the presence of illegal drugs or alcohol in accordance with the Florence County Disabilities & Special Needs Board's Alcohol and Drug Free Workplace Policy.

I further agree that at the time of any such tests, I will sign all forms of consent and release of liability as are usually and reasonably attendant to such tests.

Finally, I understand that the results of any such tests can be made available to the agency, its employees, or agents on a need to know basis.

I, THE UNDERSIGNED, FURTHER STATE THAT I HAVE READ THE FOREGOING CONSENT FORM OR HAD SOMEONE READ IT TO ME AND KNOW THE CONTENTS THEREOF AND SIGN THE SAME OF MY OWN FREE WILL.

Employee Signature

Date

Signature of Parent or Legal Guardian if
the Employee is a minor.

Date

Print Name of Parent or Legal Guardian



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DEMOGRAPHIC DATA FORM

Social Security#: _____ / _____ / _____

Name: _____
Last First Middle I.

Address: _____
Street City

State Zip Code County

Email Address: _____

Telephone - Home: _____ Other: _____

Date of Birth: _____ Race: _____ Sex: _____

Marital Status - Actual: _____ Educational Level: _____

EMERGENCY CONTACT INFORMATION

Name: _____
Last First Middle I.

Address: _____
Street City

State Zip Code County

Relationship:

Telephone No. 1: _____ Location: _____

Telephone No. 2: _____ Location: _____

SIGNATURE: _____ DATE: _____

To be separated from application before consideration for employment and filed in Human Resources Department.

EOE REPORTING AND PERSONNEL RESEARCH

Social Security #: ___ ___ ___ / ___ ___ / ___ ___ ___

NOTE: The information requested in this section is not used to evaluate your application. This information is needed to satisfy Equal Employment Opportunity reporting and personnel research requirements. Supervisors reviewing the application will not have access to this information.

Sex: Male ()
Female ()

Race: Check one of the following

- | | |
|--|--|
| <input type="checkbox"/> W - White | <input type="checkbox"/> Latino |
| <input type="checkbox"/> B - Black or African American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> H - Hispanic | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> N - Native American | |
| <input type="checkbox"/> O - Asian | |

Position Applied For: _____

Date of Birth: _____
Month Day Year

Print Name: _____
Last First Middle Initial

Will you need reasonable accommodations to participate in the selection procedures (e.g. interview, written test, job demonstration)? Yes No If yes, please notify the Human Resources Office.

Please check the source from which you first learned of the position.

- Employment Agency
 Advertisement
 On Line
 Agency Employee
 Other: _____



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ABUSE, NEGLECT, OR EXPLOITATION STATEMENT

NAME: _____
(Please Print Name)

This is to testify to the fact that I have NEVER BEEN convicted or have a prior employment history of child or client abuse, neglect or exploitation.

Applicant's Signature

Date

If you HAVE BEEN convicted or have a prior employment history of child or client abuse, neglect or exploitation, please give complete details below including date (s), employee and address, person (s) involved, person (s) investigating and any other pertinent information.

Applicant's Signature

Date

Revised 7-9-06

APPLICANT'S CERTIFICATION

FCDSNB prohibits employment to persons who have willfully defaulted on student loans. Accordingly, all employees of FCDSNB and applicants for employment are required to complete the following certification:

Check One

- National Direct Student Loan
- National Defense Student Loan
- Guaranteed-Federally Insured Student Loan
- Nursing Student Loan
- Health Professions Student Loan
- Law Enforcement Educational Loan

I understand that my defaulting on such loans will preclude my future employment with FCDSNB unless I voluntarily enter into and honor an agreement after default under which terms the debt will be repaid and the lender provides written confirmation of the agreement to FCDSNB. If employed, I will inform the Human Resources Office in writing of any future defaults on these type of loans.

- I am currently in default on one or more of the above loans. (Please check which type of loan)
- Non-applicable

Signature: _____ Date: _____

INSTRUCTIONS FOR APPLICANTS

COMPLETE THIS APPLICATION FORM USING BLACK OR DARK BLUE INK.

Thank you for expressing interest in employment with the Florence County Disabilities and Special Needs Board. Enclosed is an application packet. Our applications for employment are received and processed through various S.C. Employment Security Commission offices in the area. There will be a sixty (60) day active retention period from the date on the application at which time the application will be considered inactive.

To help us determine the job opportunity that best suits your qualifications, we ask that you provide the following information:

1. **APPLICATION FORM** - Neatly print requested information in each blank space on the application. If requested information does not apply to you, please write N/A in the blank. Sign and date the application form on the back page.
2. **AUTHORITY TO RELEASE INFORMATION FORM** - Sign so that it may be photocopied by the agency and sent to previous Employment in obtaining references.
3. **APPLICANT'S CERTIFICATION** - Complete and return.
4. **ABUSE, NEGLECT, OR EXPLOITATION STATEMENT** - Complete and return.
5. **DEMOGRAPHIC DATA** - Complete and return.
6. **EOE REPORTING AND PERSONNEL RESEARCH** - Complete and return.
7. **OFFICIAL CERTIFIED TRANSCRIPTS OF COLLEGE CREDITS OR PHOTO COPY OF HIGH SCHOOL DIPLOMA** - Include college transcripts (original) only, high school diploma or GED.
8. **TERMS AND CONDITIONS** - Complete and return.
(Consent to Alcohol and Drug Testing)
9. **LICENSES OR CERTIFICATE TO PRACTICE** - Include the original or a legible photo copy of current and valid professional certificates of licenses you hold as of the date you complete the Application.
10. **SOCIAL SECURITY CARD** - Include a photo copy of your social security card.
11. **DD214** - Include a photo copy of your military discharge, form DD214, if you have military service.
12. **DRIVER'S LICENSE** - Include a copy of your driver's license.

NOTE: THIS APPLICATION WILL NOT BE CONSIDERED UNTIL ALL PROPER DOCUMENTS ARE RECEIVED.

Job Service will screen your application and refer for interview the candidates who appear to have the best training and experience to match our vacant position listings. We are an equal opportunity Affirmative action employer and encourage internal promotion prior to consideration of new hires.



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AUTHORITY TO RELEASE INFORMATION

By my signature, I consent to the release of information to authorized officers, agents, and employees of the State of South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records, evaluations, education records including transcripts, military service, law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents and employees of the State to make inquire of third parties. I further release the organization, educational entity, present and former employers, law enforcement organizations, all third parties from any and all claim of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

I understand that the information released is for official use by the Florence County DSN Board in making a determination of suitability or eligibility for employment. I also understand this authorization is a condition of employment and failure to complete may result in withdrawal of the employment offer.

Copies of this authorization that show my signature are as valid as the original signed by me. This authorization is valid from the date signed until the termination of my affiliation with the Florence County DSN Board.

Signature (Sign in Ink)	Full Name	Date Signed
Other Name(s) Used		Social Security Number
Current Address - Street	City & State	Zip
Home Telephone Number (Include Area Code)	Other Phone Contact (Include Area Code)	