



PICKENS COUNTY ADMINISTRATION
222 MCDANIEL AVENUE, B-14
PICKENS, SC 29671



APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS.

DATE OF APPLICATION: _____

POSITION APPLIED FOR: _____

NAME: _____ EMAIL ADDRESS: _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: _____
(STREET, APT# OR PO BOX) (CITY) (COUNTY) (STATE) (ZIP CODE)

HOME PHONE: _____ CELL PHONE: _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES: YES NO

WERE YOU REFERRED TO SEEK EMPLOYMENT WITH PICKENS COUNTY BY A CURRENT PICKENS COUNTY EMPLOYEE: YES NO

IF YES, LIST THE NAME OF THE EMPLOYEE WHO REFERRED YOU: _____

DO YOU HAVE RELATIVES EMPLOYED BY PICKENS COUNTY? YES NO

IF YES, LIST NAME(S), RELATION & COUNTY DEPARTMENT: _____

HAVE YOU EVER BEEN EMPLOYED BY PICKENS COUNTY? YES NO IF SO, WHAT YEAR? _____

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR PLED NO CONTEST TO A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS?
 YES NO Note: a "YES" answer to this question will not necessarily disqualify you from employment. The nature, severity and date of the offense in relation to the position for which you are applying are all considered. If YES, LIST CHARGE(S), STATE, DATE, DISPOSITION OR CURRENT STATUS:

HAVE YOU SERVED IN THE US ARMED FORCES? YES NO List Branch and Rank: _____

DO YOU POSSESS A VALID SC DRIVER'S LICENSE? YES NO DRIVER'S LIC # AND STATE: _____

ARE YOU CURRENTLY REGISTERED, CERTIFIED, OR LICENSED FOR A PROFESSION IN SOUTH CAROLINA? YES NO

If YES, list Profession/Craft, License # and Exp Date: _____

Do you type? YES NO If YES, WPM: _____ Do you take Shorthand? 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: _____

WORK HISTORY:

LIST ALL POSITIONS HELD, INCLUDING MILITARY SERVICE, IF ANY. PLEASE ANSWER ALL QUESTIONS IN THIS SECTION IN COMPLETE DETAIL. WE MAY CALL YOUR PREVIOUS EMPLOYERS. BEGIN WITH YOUR CURRENT OR MOST RECENT POSITION;

1. NAME OF COMPANY _____ TYPE OF BUSINESS _____
ADDRESS _____
START DATE _____ JOB TITLE _____ SALARY \$ _____ PER _____
END DATE _____ JOB TITLE _____ SALARY \$ _____ PER _____
REASON FOR LEAVING _____
NAME & TITLE OF IMMEDIATE SUPERVISOR _____
MAY WE CONTACT THIS EMPLOYER? _____ PHONE _____
DESCRIPTION OF DUTIES _____

2. NAME OF COMPANY _____ TYPE OF BUSINESS _____
ADDRESS _____
START DATE _____ JOB TITLE _____ SALARY \$ _____ PER _____
END DATE _____ JOB TITLE _____ SALARY \$ _____ PER _____
REASON FOR LEAVING _____
NAME & TITLE OF IMMEDIATE SUPERVISOR _____
MAY WE CONTACT THIS EMPLOYER? _____ PHONE _____
DESCRIPTION OF DUTIES _____

3. NAME OF COMPANY _____ TYPE OF BUSINESS _____
ADDRESS _____
START DATE _____ JOB TITLE _____ SALARY \$ _____ PER _____
END DATE _____ JOB TITLE _____ SALARY \$ _____ PER _____
REASON FOR LEAVING _____
NAME & TITLE OF IMMEDIATE SUPERVISOR _____
MAY WE CONTACT THIS EMPLOYER? _____ PHONE _____
DESCRIPTION OF DUTIES _____

4. NAME OF COMPANY _____ TYPE OF BUSINESS _____

ADDRESS _____

START DATE _____ JOB TITLE _____ SALARY \$ _____ PER _____

END DATE _____ JOB TITLE _____ SALARY \$ _____ PER _____

REASON FOR LEAVING _____

NAME & TITLE OF IMMEDIATE SUPERVISOR _____

MAY WE CONTACT THIS EMPLOYER? _____ PHONE _____

DESCRIPTION OF DUTIES _____

EDUCATION:

| NAME OF HIGH SCHOOL CITY, STATE | HIGHEST GRADE LEVEL COMPLETED | DID YOU GRADUATE? | DEGREE / DIPLOMA |
|---|----------------------------------|----------------------|------------------|
| | | | |
| GED: | | | |
| NAME OF COLLEGE CITY, STATE | HIGHEST GRADE LEVEL COMPLETED | DID YOU GRADUATE? | DEGREE / DIPLOMA |
| | | | |
| OTHER CITY, STATE | HIGHEST GRADE LEVEL COMPLETED | DID YOU GRADUATE? | DEGREE / DIPLOMA |
| | | | |
| TRADE OR VOCATIONAL SCHOOL CITY, STATE | HIGHEST GRADE LEVEL COMPLETED | DID YOU GRADUATE? | DEGREE / DIPLOMA |
| | | | |

REFERENCES

LIST THREE REFERENCES WHO ARE NOT RELATIVES OR PREVIOUS SUPERVISORS:

| | | | |
|----|-------|---------|---------|
| 1. | _____ | _____ | _____ |
| | NAME | ADDRESS | PHONE # |
| 2. | _____ | _____ | _____ |
| | NAME | ADDRESS | PHONE # |
| 3. | _____ | _____ | _____ |
| | NAME | ADDRESS | PHONE # |

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 FOR EMPLOYMENT OR TERMINATED SHOULD I ALREADY BE EMPLOYED BY ANY PICKENS COUNTY DEPARTMENT; MY BACKGROUND MAY BE INVESTIGATED, INCLUDING A FINGERPRINT CHECK; I MAY BE REQUIRED TO SUCCESSFULLY PASS A MEDICAL EXAMINATION AS A CONDITION OF EMPLOYMENT; IF I HAVE REQUESTED HEREIN THAT MY PRESENT EMPLOYER NOT BE CONTACTED, AN OFFER OF EMPLOYMENT MAY BE CONDITIONAL UPON ACCEPTABLE INFORMATION AND VERIFICATION FROM SUCH EMPLOYER PRIOR TO ME BEGINNING WORK; COPIES OF THIS FORM MAY BE FURNISHED TO OTHER PICKENS COUNTY DEPARTMENT HEADS. I UNDERSTAND THAT IF HIRED I AM EMPLOYED AT-WILL AND MAY BE DISCHARGED AT ANYTIME, WITHOUT NOTICE.

APPLICANT'S SIGNATURE _____ DATE _____

My typed name above will serve as my signature on this form.