

**APPLICATION FOR EMPLOYMENT**  
**ORANGEBURG COUNTY GOVERNMENT**

*Human Resource Department*  
P.O. Drawer 9000  
Orangeburg, SC 29116  
(803) 533-6151  
www.OrangeburgCounty.org

**DATE:** \_\_\_\_\_

**INSTRUCTIONS TO APPLICANT:**

Please type or print legibly in ink. Incomplete applications shall not be accepted. Application must have all sections complete and the form signed by the applicant. An application must be completed for each vacancy. A resume may be attached but not substituted for completing the application.

All qualified applications will be referred to the department where the vacancy is located. That department head is responsible for the review and evaluation of applications and recommending the most qualified applicants to be selected for an interview.

The County is an EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. Information gathered during the application or hiring process will not be used for the purpose of limiting or excluding any applicant from consideration for employment because of race, color, age, religion, sex, national origin, disability, political affiliation or military status.

**ALL EMPLOYEES OF ORANGEBURG COUNTY ARE EMPLOYEES "AT WILL" WHOSE EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE. ONLY THE COUNTY COUNCIL HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT REGARDING LENGTH OF SERVICE OR GROUNDS FOR TERMINATION AND ANY SUCH AGREEMENT MUST BE IN WRITING AND SIGNED BY COUNTY COUNCIL.**

Applications will remain in an applicant pool until the vacancy is filled.

In certain circumstances, the Freedom of Information Act requires Orangeburg County to release the names of the three final candidates under consideration for a position with the County. Personal information such as social security number, home address and telephone number will not be released.

**Personal Information**

<b>Name</b> (please print) (Last, First, Middle)		<b>Social Security No.</b>
<b>Street Address</b>	<b>City</b>	<b>Zip Code</b>
<b>Are you 18 years of age or older?</b>	<b>Phone No. (Home)</b>	<b>Phone Number for Messages</b>
<b>Name and Address of person to notify in case of emergency:</b>		<b>Phone No.</b>

<b>Position Title or Number you are applying for:</b>
<b>Expected Salary:</b>

When are you available for work?		
<b>Monday</b>	From	To
<b>Tuesday</b>	From	To
<b>Wednesday</b>	From	To
<b>Thursday</b>	From	To
<b>Friday</b>	From	To
<b>Saturday</b>	From	To
<b>Sunday</b>	From	To
How many hours per week are you willing to work?		
What date are you available to start?		

### Personal Data

Do you have a valid S.C. Driver's License?	Yes	No	S.C. License Number:
Do you have a Commercial Driver's License (CDL)?	Yes	No	
Have you ever been convicted of any criminal charge (exclude traffic violations)?	Yes	No	If yes, please explain.
<b>Conviction is not an automatic bar to employment – all circumstances will be considered.</b>			

**\*\* NOTE:** CRIMINAL OFFENSES INCLUDE FELONIES, MISDEMEANORS AND SUMMARY OFFENSES. EXAMPLES: DRIVING UNDER THE INFLUENCE OF INTOXICATING BEVERAGES, DRUGS, FRAUDULENT OR BAD CHECKS, DISTURBING THE PEACE, LEAVING THE SCENE OF AN ACCIDENT, ROBBERY, ETC. OMIT MINOR VEHICLE VIOLATIONS AND ANY OFFENSE COMMITTED BEFORE YOUR 17<sup>TH</sup> BIRTHDAY, WHICH WAS FINALLY ADJUDICATED IN JUVENILE COURT OR UNDER A YOUTHFUL OFFENDER LAW. CONVICTION OF A CRIMINAL OFFENSE IS NOT A BAR TO EMPLOYMENT IN ALL CASES. THE NATURE, SEVERITY AND DATE OF THE OFFENSE IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING ARE CONSIDERED. FAILURE TO ACCURATELY REPORT OFFENSES WILL BE CONSIDERED SERIOUSLY BY THE COUNTY AND WILL BE GROUNDS FOR DISQUALIFICATION FROM CONSIDERATION AND/OR TERMINATION IF EMPLOYED.

### Educational Data

Circle highest year of education you have completed.				
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18				
Name of School, City and State	Did you graduate?	Major	Degree Received	GPA
High School				
College				
Other				

Please list any additional information that relates to your ability to perform the job for which you have applied.


### Employment Data

Please begin with your most recent employment, listing positions held during the last 10 years. Account for all time, including periods of unemployment. Be sure to include military service, naming rank and type of discharge.

<b>Name of Current/Former Employer</b>	<b>From: Month/Year</b>	<b>Salary</b>	<b>Position</b>
<b>Address</b>	<b>To: Month/Year</b>	<b>Salary</b>	<b>Reason for Leaving:</b>
<b>Phone Number</b>	<b>Supervisor</b>		
<b>Duties:</b>			
<b>Name of Former Employer</b>	<b>From: Month/Year</b>	<b>Salary</b>	<b>Position</b>
<b>Address</b>	<b>To: Month/Year</b>	<b>Salary</b>	<b>Reason for Leaving:</b>
<b>Phone Number</b>	<b>Supervisor</b>		
<b>Duties:</b>			
<b>Name of Former Employer</b>	<b>From: Month/Year</b>	<b>Salary</b>	<b>Position</b>
<b>Address</b>	<b>To: Month/Year</b>	<b>Salary</b>	<b>Reason for Leaving:</b>
<b>Phone Number</b>	<b>Supervisor</b>		
<b>Duties:</b>			
<b>Name of Former Employer</b>	<b>From: Month/Year</b>	<b>Salary</b>	<b>Position</b>
<b>Address</b>	<b>To: Month/Year</b>	<b>Salary</b>	<b>Reason for Leaving:</b>
<b>Phone Number</b>	<b>Supervisor</b>		
<b>Duties:</b>			

### References

List three references who are not relatives or previous supervisors:	
Name	Telephone Number

List any friends or relatives currently employed by Orangeburg County:

For Office Use Only:

I hereby affirm that all statements made on this application are true and correct. I authorize the County to conduct whatever investigation it deems necessary to confirm statements made on this application. I realize that my falsification or misrepresentation on this application, or any other personnel record, may result in refusal to hire or discharge.

I understand that the County follows an employment at-will policy and that either the County or myself may terminate my employment at any time or for any reason consistent with applicable state or federal law. I understand that this application is not a contract, or an offer, of employment.

I understand that to be employed, I must be lawfully authorized to work in the United States, and I must show the County any required documents to prove this. I agree to submit myself, upon request, for a physical examination by a physician designated by the County. I also agree to submit to a pre-employment drug/alcohol-screening test and understand that failure to meet medical requirements as applicable to the physical examination or drug/alcohol-screening test may disqualify me from consideration for employment. Refusal to submit a physical examination and/or drug/alcohol-screening test may disqualify me from consideration for employment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

