

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. Incomplete applications shall be returned to 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.

Applications will remain in an applicant pool for six months or until the vacancy is filled.

Personal Information

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

Job Interest

Type of Work you are seeking: (check all that apply)	
Administrative	Law Enforcement
Animal Control	Library
Clerical	Public Works
Detention Center	Recreation
Emergency Medical Services	Other :
If you are applying for a specific position, please list that job title in the space below:	
Expected Salary :	

When Are You Available For Work?		
Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To
Sunday	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.
Conviction is not an automatic bar to employment-all circumstances will be considered.			

****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 17TH 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.**

EDUCATION 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	Grade Average
High School				
College				

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

EMPLOYMENT DATA

Please begin with 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.

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

References

List three references who are not relatives or previous supervisor	
Name	Telephone No.

List any friends or relatives working for us:

For office use only

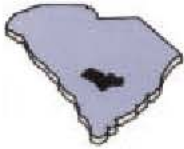
I hereby affirm that all statements made on this application are true and correct. I authorize the County to conduct whatever investigation it deems necessary to confirm statements made on this application. I realize that any falsification or misrepresentation on this application, or any other personnel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

I authorize my former employer and other individuals to give information concerning me, whether or not it is on their records, and I release them and their companies from any liability whatsoever.

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 result to hire.

Signature _____ **Date** _____



County of Orangeburg

P.O. Drawer 9000
Orangeburg S.C. 29116-9000
www.orangeburgcounty.org

Equal Employment Opportunity Form

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Social Security Number: _____

Position Applied for: _____

Voluntary Information

*This information is being requested in accordance with federal regulations. **The information is voluntary and will not be used when considering you for employment with our company.***

Racial or Ethnic Group

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

Gender

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Military Service

- | | |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

How did you hear about this position?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Other _____ | | |