

EMPLOYMENT APPLICATION

Kershaw County Government

515 Walnut Street, Camden, SC 29020

Telephone: (803) 425-1500 • Website Address: <http://www.kershaw.sc.gov>

All applicants are considered without regard to race, color, religion, sex, national origin, age, veteran status, or disability.

Kershaw County is an E-verify Employer / Please print or type in ink.

Notice: Names on Applications/Backgrounds should match Social Security card, Driver's License's ,Passport, Etc.

1. Name: _____
(Last) (First) (Middle)

List other names by which you have been known: _____

2. Address: _____
(Street) (City/Town) (State) (Zip Code)

3. Phone: (Include Area Code) Home: () Business: ()

4. Email Address: _____

POSITION APPLIED FOR _____ **Date Available to Work** _____
(Applications accepted **ONLY** for openings advertised)

5. EDUCATION AND TRAINING

LIST HIGHEST GRADE COMPLETED: DID YOU GRADUATE? HIGH SCHOOL EQUIVALENT TEST (GED)
7 OR LESS 8 9 10 11 12 13 14 15 16 17 18 YES NO YES NO STATE
AWARDED_

TYPE OF SCHOOL	SCHOOL NAME CITY AND STATE	DIPLOMA OR DEGREE AWARDED	MAJOR FIELD
LAST HIGH SCHOOL ATTENDED			
COLLEGES ATTENDED			
OTHER (MILITARY, TRADE BUSINESS, GRADUATE SCHOOL, ETC.)			

SPECIAL QUALIFICATIONS: INCLUDE TECHNICAL/PROFESSIONAL LICENSES AND NUMBERS; ACADEMIC AND/OR PROFESSIONAL CREDENTIALS.

6. SKILLS

COMPUTER EXPERIENCE _____
(e.g., data entry, word processing, spreadsheets)

SOFTWARE USED _____
(e.g., Word, Excel, Access)

KEYBOARDING _ KEY STROKES PER MINUTE OTHER _____

7. Do you possess a valid Driver's License?

YES NO STATE _ DRIVER'S LICENSE NUMBER _____ CLASS _

AN EQUAL OPPORTUNITY EMPLOYER

Revised 3-11-2016

8. EMPLOYMENT HISTORY

A brief description of duties for each position is required below. Additional details may be provided by attaching a resume, if desired. Please provide your employment history beginning with your present or most recent employer and list all positions held including military, part-time, summer, volunteer work and any periods of unemployment. An explanation of any period of unemployment should be included under item 12.

A. NAME AND ADDRESS OF COMPANY	FROM (MO./YR.)	TO (MO./YR.)	REASON FOR LEAVING	SALARY	
				BEGINNING	ENDING
SUPERVISOR'S NAME:					
TELEPHONE NUMBER: ()	BRIEF DESCRIPTION OF DUTIES:				
POSITION TITLE:					
B. NAME AND ADDRESS OF COMPANY	FROM (MO./YR.)	TO (MO./YR.)	REASON FOR LEAVING	SALARY	
				BEGINNING	ENDING
SUPERVISOR'S NAME:					
TELEPHONE NUMBER: ()	BRIEF DESCRIPTION OF DUTIES:				
POSITION TITLE:					
C. NAME AND ADDRESS OF COMPANY	FROM (MO./YR.)	TO (MO./YR.)	REASON FOR LEAVING	SALARY	
				BEGINNING	ENDING
SUPERVISOR'S NAME:					
TELEPHONE NUMBER: ()	BRIEF DESCRIPTION OF DUTIES:				
POSITION TITLE:					
D. NAME AND ADDRESS OF COMPANY	FROM (MO./YR.)	TO (MO./YR.)	REASON FOR LEAVING	SALARY	
				BEGINNING	ENDING
SUPERVISOR'S NAME:					
TELEPHONE NUMBER: ()	BRIEF DESCRIPTION OF DUTIES:				
POSITION TITLE:					

May we contact the employers listed above? YES NO

If NOT, please indicate which employer you do not wish us to contact: _____

9. CRIMINAL, TRAFFIC, AND/OR CIVIL COURT RECORD

A. Have you ever been convicted of, pled guilty or pled nolo contendere (no contest) to a felony?

YES NO If answer is YES, please give complete details. (A conviction will not necessarily exclude you from employment consideration.)

DATE	DETAILS

B. In the past five (5) years, have you ever been convicted of, pled guilty, or pled nolo contendere (no contest) to a misdemeanor?

YES NO If answer is YES, please give complete details (A conviction will not necessarily exclude you from employment consideration.)

DATE	DETAILS

10. Have you ever been an employee of Kershaw County Government?

Employment Dates: _____ Position Held/Department: _____

11. List three references (employment related, no family members).

Name/Title	Company Name	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL INFORMATION

IN ORDER TO PREVENT A DELAY IN THE PROCESSING OF YOUR APPLICATION, PLEASE BE SURE TO SIGN AND DATE THIS FORM AND ANSWER EVERY QUESTION CLEARLY AND COMPLETELY.

Each applicant considered for employment in a County position must meet the minimum requirements established for that position. This may include the successful completion of a verbal/written examination and a drug screen.

In compliance with the Title VI of the Consumer Protection Act, this is to advise you that as part of our processing of employment applications, an inquiry may be made concerning an applicant's credit standing, general reputation, character, and personal characteristics. This information may be from previous employers, personal references, law enforcement agencies, and/or consumer reporting agencies. Upon an applicant's written request, additional information as to the nature and scope of any report will be provided.

SIGNATURE AND CERTIFICATION

I hereby affirm that the information provided on this application (and accompanying resume and/or documentation, if any) is true and complete to the best of my knowledge. I also understand that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I further understand that this application becomes the property of Kershaw County Government and will not be returned.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume and/or documentation, if any) to provide any relevant information that may be required to arrive at an employment decision.

I understand that should I be offered a position, my employment can be terminated, with or without cause, at any time at the discretion of either the County of Kershaw or myself.

Signature: _____ **Date:** _____

**WE THANK YOU FOR APPLYING FOR EMPLOYMENT WITH
KERSHAW COUNTY GOVERNMENT, AN EQUAL OPPORTUNITY EMPLOYER.**

EEO DATA REPORTING FORM

The federal government requires the following information to be collected for statistical reporting as part of the Affirmative Action Program. Refusal to answer will not result in an adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual. This form will be removed prior to being forwarded to the hiring authority.

Today's Date _____ / _____ / _____

Social Security Number _____ - _____ - _____

Last Name _____

First Name _____ Middle _____

Position for which you are applying _____

Sex (Check appropriate box) _____ Male _____ Female

Date of Birth _____ / _____ / _____

Race (Check appropriate box) _____ American Indian / Alaskan Native

_____ Asian

_____ Native Hawaiian / Other Pacific Islander

_____ Black or African American

_____ Hispanic / Latino

_____ White / Non Hispanic

_____ Not Hispanic / Latino

Will you need reasonable accommodations to participate in the selection procedures (e.g. interview, written tests, or job demonstration)?

_____ Yes _____ No

If yes, please notify Kershaw County Human Resources to discuss the accommodations that will be needed.

Selective Service Compliance Form

Male Applicants Only

Pursuant to Section 1-1-560 of the South Carolina Code of Laws, 1976, as amended, a male person who is eighteen years of age or older who is not in compliance with the federal Military Selective Service Act is not eligible for employment by or service with a State or political subdivision of the State, including boards and commissions, departments, agencies, institutions, and instrumentalities of the State.

Applicant Name: _____

Social Security Number: _____ - _____ - _____

Incompliance with state law, please check the box that indicates your current Selective Service registration status.

_____ I have registered for Selective Service.

_____ I have been admitted to the United States on a non-immigrant Visa and am exempt from the requirements to register for Selective Service.

_____ I have not registered for Selective Service and have attached documentation from the Selective Service Agency verifying my exemption.

_____ I am 26 years old or older and am not required by law to register for Selective Service.

Signature: _____ Date: _____

NOTE: For information about Selective Service requirements, please visit the Selective Service System website at www.sss.gov.