

# APPLICATION FOR EMPLOYMENT CALHOUN COUNTY GOVERNMENT

102 Courthouse Drive, Suite 108  
St. Matthews, SC 29135  
(803) 874-2435

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. (If submitting application via email, signing of application may be done during the interview process.) Incomplete applications shall be returned to the applicant. A resume may be attached but may not be substituted for completing the application. Applications are kept on file for six (6) months.

### Personal Information

Name (Last, First, Middle)		
Street Address	City	Zip Code
Are you 18 Years of age or older?	Phone Number (s)	
Name and Address of person to contact in emergency:	Phone Number	

### Job Interest

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

	Yes	No
Do you have a valid SC Drivers License?		
SC DL Number:		
Do you have a Commercial Drivers License (CDL)?		
Are you able to meet the attendance requirements?		
Do you have any objection to working overtime if necessary?		
Can you travel if required?		
Have you ever been employed by Calhoun County?		
Can you submit proof of legal employment authorization and identity?		
If you are under 18, can you furnish a work permit if required?		
Have you been convicted of a crime in the last 7 years?		
If yes please explain (a conviction will not automatically bar employment).		
What date are you available to start?		
How were you referred to us?		

Education Information

Name of School, City and State	Did you graduate?	Major	Degree Received
High School			
College			

Please list any additional information that relates to your ability to perform the job for which you have applied (i.e. Professional Licenses, Registrations and Certifications):

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Employment History

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	Duties:	
Phone Number		Supervisor	
Reason for Leaving:			

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

References

List three references ( not relatives or previous supervisor)	
Name	Telephone Number

List any friends or relatives working for us:

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I understand that a post-employment offer may be subject to a drug screen.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons' need for reasonable accommodations as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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