

EMPLOYMENT HISTORY: List below, the four most recent jobs you have had. Start with your present or most recent job. List any self employment. Under "specific duties" describe the type of work you did, machines or equipment operated, and the number and kind of employee you supervised, if any.

LAST or PRESENT JOB From: Month _____ Year _____ Company Name _____ To: Month _____ Year _____ Company Address & Telephone _____ Full-time _____ Part-time _____ Supervisor's Name/Title _____ Your Title _____ Specific Duties _____ _____ Your reason for leaving _____			
From: Month _____ Year _____ Company Name _____ To: Month _____ Year _____ Company Address & Telephone _____ Full-time _____ Part-time _____ Supervisor's Name/Title _____ Your Title _____ Specific Duties _____ _____ Your reason for leaving _____			
From: Month _____ Year _____ Company Name _____ To: Month _____ Year _____ Company Address & Telephone _____ Full-time _____ Part-time _____ Supervisor's Name/Title _____ Your Title _____ Specific Duties _____ _____ Your reason for leaving _____			
From: Month _____ Year _____ Company Name _____ To: Month _____ Year _____ Company Address & Telephone _____ Full-time _____ Part-time _____ Supervisor's Name/Title _____ Your Title _____ Specific Duties _____ _____ Your reason for leaving _____			

PERSONAL REFERENCES: List below three (3) responsible persons (not former employers or relatives) whom you have know for at least three (3) years and will serve as a reference for you.

Name	Address	Phone	Occupation

I understand that if employed by Darlington County, I may terminate my employment at any time for any reason or for no reason and that the county will have the same right. I understand that my employment may be terminated for giving false answers on this application. I hereby authorize the county to investigate my background, including, but not limited to, education, references, and prior experience and to contact any of my former employers, except those noted below. I hereby release Darlington County, current and past employers and references named herein, from liability or damage resulting from providing information requested. I understand that if there is a tentative decision to hire me, I will be requested to complete a pre-employment questionnaire and may be asked to have a physical exam or complete such skills testing as may be related to bona fide occupational qualifications of the job. I agree that acceptance of this application does not obligate Darlington County to employ me or indicate that there are any positions available.

Signed: _____ Date _____

Do not contact the following employers _____

Reason _____

(Tear off at perforation at left and file separately)

**DARLINGTON COUNTY
EQUAL EMPLOYMENT OPPORTUNITY (EEO)
REPORTING AND PERSONNEL RESEARCH FORM**

To help us comply with Federal/State equal employment opportunity recordkeeping, reporting, and other legal requirements, please answer the questions below.

The information requested on this form is not used to evaluate your application. This form will be kept in a Confidential File separate from the attached Application for Employment.

Name _____
Last First Middle

Today's Date _____
Month Day Year

Date of Birth _____ Note: The 1972 Human Affairs Law prohibits discrimination based on age.
Mo. Day Yr.

Position(s) Applied for _____

Race/Ethnic Group (Check one):

_____ White _____ African American _____ Hispanic/Latino
_____ American Indian/Alaskan Native _____ Asian/Pacific Islander

Sex: _____ Male _____ Female

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

Number of Children: _____

Are you a VietNam Era Veteran? _____ Yes _____ No

Are you a Disabled Veteran? _____ Yes _____ No

If yes, what is your VA Disability Rating? _____ %

Referral Source for this job? _____ Word of Mouth (County employee)
_____ Job Service _____ Advertisement _____ School/Placement
_____ Other (Specify) _____

Do You Receive Family Independence Benefits Or Food Stamps? _____ Yes _____ No

OFFICE OF THE COUNTY ADMINISTRATOR

1 PUBLIC SQUARE, ROOM 210

DARLINGTON, SOUTH CAROLINA 29532

(843) 398-4100

FAX (843) 398-9679



RELEASE OF INFORMATION

I hereby request and authorize my former employers or other agencies to provide any information requested by the County of Darlington concerning my employment, including but not limited to, information or opinions as to my character, habit, ability, work record, and reasons for leaving employment and to investigate and ascertain any and all information concerning my background and my character which may pertain to my qualifications to be considered for employment with said agency. I understand that such information may be obtained from any person, document, or other source, and I hereby expressly authorize the release of any such information and/or document.

I understand that if I am applying for employment with certain departments within the County of Darlington that my credit rating and sled report may also be checked. I further understand that if the County of Darlington is unable, through the exercises of reasonable diligent investigative methods, to obtain information concerning my background, credit rating, sled check and character necessary to evaluate my qualifications to be accepted for employment by the County of Darlington, I may be rejected for such employment.

I hereby release the County of Darlington, any person or entity acting on their behalf, and any and all of my former employers, their officers, agents, and employees, from any and all claims, liability, or damage of any kind, whether due to negligence, error or any other cause as a result of releasing said information to any member of Darlington County, or any person or entity acting on their behalf. I further understand that in consideration for said release, the County of Darlington will regard all information so obtained as confidential and shall not release the same to any person without my express consent.

A copy or fax of this authorization shall be effective and valid as the original

Print your name

Social Security Number

Signature

Date

OFFICE OF THE COUNTY ADMINISTRATOR

1 PUBLIC SQUARE, ROOM 210

DARLINGTON, SOUTH CAROLINA 29532

(843) 398-4100

FAX (843) 398-9679



CDL DRIVER

If you are applying for a job that requires a CDL license, please fill out this form and sign

Section I. To be completed by the new employer, signed by the applicant, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug test;
3. Refusal to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.
New Employer Name: _____

Address _____

Phone # _____ Fax # _____

Designated Employer Representative: _____

I-B
Previous Employer Name: _____

Address: _____

Phone # _____ Fax # _____

Designated Employer Representative (if know): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of employee's signature (in Section I), for DOT-regulated testing ~

- | | |
|---|------------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES _____ NO _____ |
| 2. Did the employee have verified positive drug test? | YES _____ NO _____ |
| 3. Did the employee refuse to be tested? | YES _____ NO _____ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES _____ NO _____ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES _____ NO _____ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | YES _____ NO _____ N/A _____ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B
Name of person providing information in Section II-A: _____ Title _____

Phone # _____ Date: _____

A copy or fax of this authorization shall be effective and valid as the original