



# Application for Employment

**INSTRUCTIONS:**

This application must be filled out in detail. Failure to complete all sections or to sign this form may cause **delays** or disqualifications.

Darlington County is an <u>Equal Opportunity Employer</u> . Federal law prohibits discrimination in employment practices based upon race, sex, color, religion, national origin, age or disability. No question on this application is asked for the purpose of excluding any applicant on the basis of race, sex, color, religion, national origin, age or disability.	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Position Desired: _____ Full Time: _____ Part Time: _____ Date of Application: _____ Date Available: _____ Salary Expected: _____ Home Phone: _____
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**GENERAL INFORMATION**

Are you 18 years or older? YES \_\_\_\_\_ NO \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Do you have a valid driver's license: YES \_\_\_\_\_ NO \_\_\_\_\_ State \_\_\_\_\_ Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Are you seeking full time regular employment: YES \_\_\_\_\_ NO \_\_\_\_\_

Are you willing to work overtime or weekends if required to? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ If yes, explain completely  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you any "sideline" business interest? \_\_\_\_\_ If so, state type of business and hours you work at your own business  
 \_\_\_\_\_

Have you worked for the county before? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any relatives working for the county now? \_\_\_\_\_ If so, who and what relation? \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Are you an alien lawfully authorized to work in the U.S.? \_\_\_\_\_

**EDUCATION & EXPERIENCE**

SCHOOL NAME & ADDRESS	YEARS COMPLETED	YEARS ATTENDED	DIPLOMA/DEGREE	COURSE OF STUDY/MAJOR
High School:	9 10 11 12			
College:	1 2 3 4			
Other				

High School Equivalency Test: Date Passed \_\_\_\_\_ State Awarded \_\_\_\_\_

List any other information about your education, training, accomplishments, skills, abilities to operate machines (such as computers office machines, heavy machines, etc.), professional licenses (provided S.C. number), professional memberships or honors related to the position applied for:

\_\_\_\_\_

\_\_\_\_\_

Military Service \_\_\_\_\_  
 Branch Rank Date Entered Date Discharged

Duties while in service \_\_\_\_\_

**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 EMPLOYER		
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 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 employer's: \_\_\_\_\_

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 separated from the attached Application for Employment.

Name: \_\_\_\_\_  
Last First Middle

Date: \_\_\_\_\_  
Month Date Year

The 1972 Human Affairs Law prohibits discrimination based on age.

Date of Birth: \_\_\_\_\_  
Month Date Year

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 s Disable Veteran?            \_\_\_\_ YES            \_\_\_\_ NO

If yes, what is your VA Disability Rating?      \_\_\_\_\_ %

Referral Source for this job?      \_\_\_\_\_ Job Service            \_\_\_\_\_ Advertisement            \_\_\_\_\_ School/Placement

Other (Specify) \_\_\_\_\_

Do You Receive Family Independence or Food Stamps:      \_\_\_\_\_ YES      \_\_\_\_\_ NO

# OFFICE OF THE COUNTY ADMINISTRATOR

1 Public Square, Room 210  
www.darcosc.com

Darlington, South Carolina 29532

843-398-4100  
FAX 843-393-8539



## RELEASE OF INFORMATION

I hereby request and authorize my former employers or the 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 with 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 qualification 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 all of my former employers, their offices, 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

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Print Name

Social Security Number

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Signature

Date

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## CDL DRIVER

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

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

Employee Name: \_\_\_\_\_

Employee Social Security 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-A. This release is accordance with DOT Regulation 49 CFR, Part 40, and 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 test 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 Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### I-A

New Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

### I-B

Previous Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number: \_\_\_\_\_

Designated Employer Representative (if known) \_\_\_\_\_

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

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

- |  |     |    |     |
|--|-----|----|-----|
| 1. Did the employee have alcohol test wit 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  | YES | NO |     |
| 5. Drug and alcohol testing regulations?   | YES | NO |     |
| 6. Did a previous employer report a drug and alcohol violation to you?                                       | YES | NO |     |
| 7. If you answered "yes" to any of the above items,<br>Did the employee complete the return-to-duty process? | YES | NO | N/A |

NOTE; if you answered "yes" to item 5, you must provided previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty0 documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name & Title of person providing  
information in Section II- A.

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Date

\_\_\_\_\_