

# County of Edgefield

## Application for Employment

124 Courthouse Square, Edgefield, SC 29824

### Employment Policies

- Drug and Smoke Free Workplace
- Direct Deposit of Pay
- Pre-Employment Background Investigation
- Pre-Employment Drug Screening

Application Must be Complete to be  
Considered for Employment and Must  
Be Completed in Black Ink.



Equal Opportunity Employer

App No. \_\_\_\_\_ Assigned by Personnel

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Positions for which I am applying:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Last Name:		First Name:		Middle:		Other name you may be known as:	
Present Address:		City and State:		Zip Code:		County:	
Date Available:		Salary Expected:		Are you legally eligible for employment in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone: 1) _____ 2) _____	
Work Status Desired Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Hours Available:		Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you previously employed by Edgefield County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state when and where employed: _____ . What department? _____ . When? _____ .							
Do you have any relatives working for Edgefield County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes – Name: _____ Relationship: _____ No two members of an immediate family may be employed in the same department if one would be supervising the other or have any influence over the position.							
Do you have a valid SC Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes – State: _____ Number: _____ Class II: <input type="checkbox"/> Yes <input type="checkbox"/> No Class III: <input type="checkbox"/> Yes <input type="checkbox"/> No CDL: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you ever been convicted, pled guilty, or pled nolo contendere to any crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain the charge(s), date(s), and disposition(s) in detail: (Conviction is not an automatic bar from employment – circumstances will be considered.)							
Have you ever been bonded in prior employment? <input type="checkbox"/> Yes <input type="checkbox"/> No. If YES, list name(s) of employer(s): _____							
<b>EDUCATION</b>							
Name & Location of School		Course of Study		Years Completed		Did You Graduate?	
Elementary				<b>to</b>			
High School				<b>to</b>			
College		Major: Degree:		<b>to</b>			
Post Graduate		Major: Degree:		<b>to</b>			
Technical / Business / Other				<b>to</b>			
<b>SKILLS</b>		Typing: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ wpm		Dictaphone: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Note: Test may Be required!</b>	
		Shorthand: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ wpm		Computer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Word Processing: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ wpm		Data Entry: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Branch: _____ Dates of Duty: _____ Rank at Discharge: _____ List duties and special training: _____							
<b>PERSONAL REFERENCES</b>							
List three references who are not relatives or previous employers							
Name		Address		Occupation		Years Acquainted Phone Number	
1) _____		_____		_____		_____	
2) _____		_____		_____		_____	
3) _____		_____		_____		_____	
List any qualifications you have other than employment history for the position you are applying: _____ _____							

(Please Do Not Write Below This Line)

### PRE-EMPLOYMENT INFORMATION FORM

Qualified applicants are considered for employment and employees are treated during employment without regard to race, religion, sex, national origin, age, marital status, or disability.

To help us comply with Federal/State Equal Employment Opportunity recordkeeping, reporting and other legal requirements, please answer questions on the back of this form.

This Pre-Employment Information will be kept in a Confidential File, separate from the attached Application for Employment

**Edgefield County is an Equal Employment Opportunity Employer**

## Employment History

List all present and past employment, beginning with the most recent for the past 10 years or since high school. If necessary, use additional paper. **All time must be accounted for!**

Employer:	Address: include City, State & Zip	From:	To:
Duties:			Position:
Final Salary:	Supervisor:	Phone #:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:		Reason for Leaving:	
Employer:	Address: include City, State & Zip	From:	To:
Duties:			Position:
Final Salary:	Supervisor:	Phone #:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:		Reason for Leaving:	
Employer:	Address: include City, State & Zip	From:	To:
Duties:			Position:
Final Salary:	Supervisor:	Phone #:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:		Reason for Leaving:	
Employer:	Address: include City, State & Zip	From:	To:
Duties:			Position:
Final Salary:	Supervisor:	Phone #:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:		Reason for Leaving:	
Employer:	Address: include City, State & Zip	From:	To:
Duties:			Position:
Final Salary:	Supervisor:	Phone #:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:		Reason for Leaving:	

### READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN. APPLICATIONS WHICH ARE NOT SIGNED WILL NOT BE CONSIDERED FOR EMPLOYMENT

I hereby affirm that all statements made herein are true and correct. I authorize the County to conduct whatever investigation it deems necessary to confirm the statements submitted on this application. I understand that any misstatement or omission of fact on this application shall be sufficient grounds for refusal to hire or dismissal. I also authorize and request each former employer and person, firm or corporation given as a reference to answer any and all questions that may be asked and to give any and all information that may be sought in connection with application concerning my work habits, character or skill. I agree to submit myself, upon request, for physical examination by a physician selected by the County and understand that failure to meet the physical requirements may disqualify me for employment. The use of this application form does not indicate that there are any positions available, and in no way obligates the County. **I understand and agree that if I am employed, I may terminate my employment at any time, with or without notice and without cause. I understand that the County has the same right.**

All tentatively selected candidates for employment with Edgefield County will be required to submit and pass a pre-employment drug test and background screening as a condition of employment. If employed, the name on your social security card will be used on the payroll. I understand that the U.S. Government required by the County to verify my eligibility for U.S. employment and my identity. I understand that the County must decline to hire me if I fail to present adequate proof of my eligibility and identity.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

EDGEFIELD COUNTY USE ONLY		
Dept/Div: _____ <input type="checkbox"/> New Position <input type="checkbox"/> Existing Position-Replacing: _____		
Position: _____ Effective Date: _____ Requested Grade: _____ Step: _____ Salary: Hr _____ OT _____ B/W _____ A _____		
Comments: _____ Scheduled Hours: _____		
Approvals: Dept Head / Date	Personnel Director / Date	County Administrator / Date

Applicant Please Complete This Section (See reverse side for explanation) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ Position(s) applied for: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Sex:  Male  Female Are you a Vietnam Era Veteran?  Yes  No

Disabled?  Yes  No Percent of Disability: \_\_\_\_%

United States Citizen:  Yes  No Vietnam Era:  Pre-Vietnam  During Vietnam  Post-Vietnam

Race / Ethnic Group:  White  Black  American Indian / Alaska Native  Asian / Pacific Islander

Referral Source:  Advertisement  School Placement  Employment Agency  County Employee  Job Service

Other (specify): \_\_\_\_\_