APPLICATION

FOR EMPLOYMENT

LAURENS COUNTY HUMAN RESOURCES
PO BOX 445
LAURENS, SOUTH CAROLINA 29360
(864) 984-3691

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position (s) Applied For _____ Date of Application _____

How Did You Learn About Us?

- ☐ Advertisement
- ☐ Employment Agency
- ☐ Friend
- ☐ Relative
- ☐ Walk-In
- ☐ Other _____

Last Name _____ First Name _____ Middle Name _____

Address Number Street _____ City _____ State _____ Zip Code _____

Telephone Number(s) _____ Last four of Social Security Number _____

Do you have a valid S.C. Driver's License? If yes, list License Number _____ List Driver's License Classification _____ ☐ YES ☐ NO

Have you ever filed an application with us before? ☐ YES ☐ NO

If Yes, give date _____

Have you ever been employed with us before? ☐ YES ☐ NO

If Yes, give date _____

Are you currently employed? ☐ YES ☐ NO

May we contact your present employer? ☐ YES ☐ NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. ☐ YES ☐ NO

On what date would you be available for work? _____

Are you available to work: ☐Full Time ☐Part Time ☐Shift Work ☐Temporary

Are you currently on "lay-off" status and subject to recall? ☐ YES ☐ NO

Can you travel if a job requires it? ☐ YES ☐ NO

Have you ever been convicted of, or pled guilty, or no contest to, any crime other than a minor traffic violation? ☐ **YES** ☐ **NO**

EDUCATION

	Elementary School	High School	Undergraduate College / University	Graduate / Professional
School Name and Location				
Years Completed				
Diploma / Degree				

Describe Course of Study _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

_____

Describe any honors you have received: _____

_____

State any additional information you feel may be helpful to us in considering your application. _____

_____

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.

You may exclude memberships which would reveal, sex, race, religion, national origin, age, ancestry or handicap or other protected status:

_____

_____

_____

REFERENCES - Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.) _____

2.) _____

3.) _____

Have you ever had any job-related training in the United States Military? ☐ YES ☐ NO

If Yes, Please describe _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.) _____ TO _____

EMPLOYER DATES EMPLOYED From - To WORK PERFORMED

ADDRESS

TELEPHONE NUMBER(S)

$ $

JOB TITLE SUPERVISOR HOURLY RATE/SALARY Starting Final

REASON FOR LEAVING

2.) _____ TO _____

EMPLOYER DATES EMPLOYED From To WORK PERFORMED

ADDRESS

TELEPHONE NUMBER(S)

$ $

JOB TITLE SUPERVISOR HOURLY RATE/SALARY Starting Final

REASON FOR LEAVING

3.) _____ TO _____

EMPLOYER DATES EMPLOYED From To WORK PERFORMED

ADDRESS

TELEPHONE NUMBER(S)

$ $

JOB TITLE SUPERVISOR HOURLY RATE/SALARY Starting Final

REASON FOR LEAVING

4.) _____ TO _____

EMPLOYER DATES EMPLOYED From To WORK PERFORMED

ADDRESS

TELEPHONE NUMBER(S)

$ $

JOB TITLE SUPERVISOR HOURLY RATE/SALARY Starting Final

REASON FOR LEAVING

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

_____ _____

Signature of Applicant Date

FOR HUMAN RESOURCES DEPARTMENT ONLY

Arrange Interview ☐ YES ☐ NO

Remarks_____

_____ _____

Interviewer Date

Employed ☐ YES ☐ NO Date of Employment_____

Job Title_____ Salary/Hour Rate_____ Department_____

BY:_____

Name and Title Date

NOTES:_____