



Laurens County Human Resources
PO Box 445
Laurens, SC 29360
(864)984-3691

Application for Employment

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

☐ Friend

☐ Walk-In

☐ Employment Agency

☐ Relative

☐ Other _____

Last Name

First Name

Middle Name

Address

Number Street

City

State

Zip Code

Telephone Number(s)

Last four of Social Security Number

email address: _____

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

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.

TO

1.)

EMPLOYER	DATES EMPLOYED	From	To	WORK PERFORMED
ADDRESS				
TELEPHONE NUMBER(S)				
		\$	\$	
JOB TITLE	SUPERVISOR	HOURLY RATE/SALARY <u>Starting</u> <u>Final</u>		
REASON FOR LEAVING				

TO

2.)

EMPLOYER	DATES EMPLOYED	From	To	WORK PERFORMED
ADDRESS				
TELEPHONE NUMBER(S)				
		\$	\$	
JOB TITLE	SUPERVISOR	HOURLY RATE/SALARY <u>Starting</u> <u>Final</u>		
REASON FOR LEAVING				

TO

3.)

EMPLOYER	DATES EMPLOYED	From	To	WORK PERFORMED
ADDRESS				
TELEPHONE NUMBER(S)				
		\$	\$	
JOB TITLE	SUPERVISOR	HOURLY RATE/SALARY <u>Starting</u> <u>Final</u>		
REASON FOR LEAVING				

TO

4.)

EMPLOYER	DATES EMPLOYED	From	To	WORK PERFORMED
ADDRESS				
TELEPHONE NUMBER(S)				
		\$	\$	
JOB TITLE	SUPERVISOR	HOURLY RATE/SALARY <u>Starting</u> <u>Final</u>		
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: _____



OFFICE OF HUMAN RESOURCES

Release Form-Employment Background Reports

In connection with my application for employment (Including contract for services), I understand that background reports or investigative background employment reports which may contain Public record information may be requested or made on me including consumer report, criminal Records, driving record, education, prior employer verification and others. These reports will include experience along with reasons for termination of past employment. Further I understand That you will be requesting information from various Federal, State, Local and other agencies which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by this employer to finish the above-mentioned information and do hereby indemnify those agencies, Laurens County, Laurens County Council, employees and agents from any and all liability for damages resulting from compliance with this authorization.

With proper identification, I have the right to request to review any information obtained for the purpose of making an employment decision on me, and understand that should I be hired by Laurens County, this information will be retained in my employment file to the external permitted by law.

Laurens County complies with the disposal requirements of the Fair and Accurate Credit Transaction Act of 2003, 15 USC 1681M et seq.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Printed name: _____ Signature _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Driver's License State: _____

License # _____

License Issue Date: _____

Date of Birth _____

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Office (864)984-5484