

**ABBEVILLE COUNTY, SOUTH CAROLINA
PERSONNEL DEPARTMENT**

Position Applied For: _____

Applications are considered for all positions without regard to race, color, religion, sex, national origin, Age, material or veteran status, or the presence of a non-job-related medical condition or handicap.

Name _____ Social Security Number _____
 Last First M.I.

Present Address _____ Phone No: _____
 Street City Zip Business : _____

Previous Address _____
 Street City State Zip

Is there any reason why you can't be bonded? _____

Do you have any criminal convictions? Yes _____ No _____ If yes, list all criminal convictions, guilty pleas, and/or Nolocontendere. Convictions will not be an absolute bar to employment.

Do you have a valid driver's license Class: A _____ B _____ C _____ D _____ E _____ F _____

List skills you possess that would qualify you for this position: _____

Have you ever worked for an agency that participated in the SC Retirement System? Yes _____ No _____

List any member(s) of your immediate family who works for Abbeville County

Have you ever been employed by Abbeville County? _____ If yes, dates of employment _____

If hired, when could you begin work? _____ Will you be available for work on weekend _____

In case of emergency, contact: _____
 Name Relationship

Address _____ Telephone No. _____

Education and Training					
School	Name/Address	Completed	Dates Attended	Diploma/Degree	Courses
Elementary	_____	1, 2,3,4,5,6,7,8,	_____		
High	_____	9,10,11,12	_____		
College	_____	1, 2, 3, 4	_____		
Other	_____				

High School Equivalency Test: Date Passed _____ State Awarded _____

Military Record

Have you ever been in the U.S. Armed Forces? Yes _____ No _____ If Yes, what branch? _____

Dates of Duty: From _____ To _____ Rank at Discharge _____

Employment History

List your entire employment history beginning with your most recent employment; account for periods of unemployment. Attach additional sheets if necessary. May we contact your present employer for a reference? Yes _____ No _____.

From	To	Name/Address of Employer	Duties	Annual Salary	Reason for leaving

Personal References

List below three (3) responsible persons (not former employers or relatives) who have known you for at least five (5) years and will serve as a reference for you.

Name	Address	Phone	Occupation

I hereby certify that the answers given by me to the above questions are true to the best of knowledge. I Understand that any falsification or misrepresentation may result in my being disqualified from consideration Or dismissed from the classified service.

Applicant's Signature

Date

County of Abbeville's Record Inquiry

I hereby authorize and request the Abbeville County Personal Department, P.O. Box 579, Abbeville, South Carolina to obtain any police records, including the records of arrest, police reports, accident reports and records of convictions including both misdemeanors and felonies, for the purpose of employment. I understand that giving of this authorization and Release of Information is a condition of employment and any applicant who does not execute this release shall not be hired or if hired shall not be retained in employment.

In consideration of such disclosure on the part of the above named persons or institutions I hereby release them from all and any liability arising there from and do relinquish and waive any claim or right I might have against them arising from such disclosure and copying.

Signature	Date	Witness

To: Any person, organization or agency having knowledge of my conduct or activities; or any past or present employer; or any credit bureau, retail merchants association, bank, financial institution or any other Credit extending organization; or any dean, register, principal, counselor, instructor or other authorized person at a school (university, college, high school, trade school, or other); or any doctor, hospital, clinic or sanitarium; or any department of agency for City, County, or State Government, or of the federal Government.

I, _____, hereby authorize
Name (type or print)
Abbeville County to conduct an appropriate check including, but not limited to, personal interviews for Determination of my eligibility to occupy a position of trust in maintaining the public health and safety. I authorize all persons who have information relevant to this check to disclose it to Abbeville County or its agents, and I release all persons from liability on account of this disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Signature: _____
Date: _____
Address: _____

Social Security Number: _____
Driver's License Number: _____
Date of Birth: _____