

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

Friend

Walk-In

Employment Agency

Relative

Other _____

Last Name

First Name

Middle Name

Address

Number Street

City

State

Zip Code

Telephone Number(s)

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

If Yes, please explain _____

EDUCATION

	<u>Elementary School</u>	<u>High School</u>	<u>Undergraduate College / University</u>	<u>Graduate / Professional</u>
<u>School Name and Location</u>	_____			
<u>Years Completed</u>	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
<u>Diploma / Degree</u>	_____			
<u>Describe Course of Study</u>	_____			
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

	<u>FLUENT</u>	<u>GOOD</u>	<u>FAIR</u>
<u>SPEAK</u>	_____		
<u>READ</u>	_____		
<u>WRITE</u>	_____		

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.

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

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

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

EMPLOYER	<u>DATES EMPLOYED</u>		WORK PERFORMED
	<u>From</u>	<u>To</u>	
4.) _____			
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 PERSONNEL DEPARTMENT USE 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: _____