



GEORGETOWN COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS

**Post Office Box 1471
Georgetown, South Carolina 29442
(843) 546-8228
FAX (843) 546-1617**

Elizabeth Krauss
Executive Director

INSTRUCTIONS FOR APPLICANTS

Thank you for expressing interest in employment with the Georgetown County Board of Disabilities and Special Needs. Enclosed is an application packet.

To help us determine the job opportunity that best suits your qualifications, we ask you to provide the following information:

- A completed application form - Neatly record requested information in each blank space on the application. If any information requested does not apply to you, please write N/A in the blank. Sign and date the application form on the back page.
- Official transcripts of College and/or Official transcript of High School will be needed for verification before an interview is granted.
- Licenses or Certificates to Practice - A legible copy of current and valid professional certificates of licenses you hold as to the date you completed will be required before an interview is granted.
- A Copy of your Social Security card and Drivers License will be required for verification before interview is granted.

When your completed application is received in the personnel department, your file will be available for review by supervisors (who have vacancies). The completed applicant file will remain active for 30 days from the date the application is received. You may request that the application remain active longer by calling and updating your application each 30 days.

Date Received

**GEORGETOWN COUNTY BOARD OF DISABILITIES AND
SPECIAL NEEDS**

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

(Resumes are accepted **in** addition **to** this employment application. All conditionally hired candidates **must** pass a drug screen as a *condition of employment*.)

Please Read and Carefully Complete All Sections

Incomplete applications will not be considered.

Name _____

Address _____
Street Apt. # City State Zip

Telephone Number _____ Are you 18 or older? _____

Are you legally permitted to work in the U.S.? _____

Do we employ any of your relatives? _____ if yes, please provide name and position:

Position(s) for which you are applying _____

Desired Compensation _____

Have you ever applied for employment with us in the past? _____ If yes, when:

Have you ever been convicted of or pled guilty or no contest to any crime other than a minor traffic violation? (A "yes" answer to this question will not necessarily disqualify a candidate from employment) _____ if yes, please give details:

Have you ever been discharged or asked to resign from any job? (A "yes" answer will not necessarily disqualify you from employment) _____ if yes, please give details: _____

Do you presently have a valid South Carolina Driver's License? _____

Do you presently possess a Driver's License from another state? _____ If yes, please indicate the licensing state(s). _____

Are your driving privileges presently restricted or limited in any way by the licensing state(s)? _____ If yes, please provide details: _____

Have your driving privileges ever been restricted or limited in any way by the licensing state(s)? _____ If yes, please provide details: _____

Have you used an illegal drug in the past 30 days? _____

Are you currently subject to a restraining order? (A "yes" answer will not necessarily disqualify you from employment.) _____ If yes, please give details: _____

Have you ever been convicted of a misdemeanor or felony crime of domestic violence? _____ If yes, please give details: _____

***Cornerstone Christian Correspondence diploma is not accepted.**

EDUCATION AND TRAINING

	Name and Location	Level Completed	Degree	Dates
*See note above High School				
Business/Tech.				
College				
Graduate School				

Please list professional licenses, certifications, and professional memberships: _____

Please list any special training: _____

EMPLOYMENT HISTORY

Please set forth your employment history for the past fifteen years beginning with your most recent employer. Fully account for all periods of unemployment. [Use separate sheet(s) of paper if necessary.]

Employer	_____
Address	_____
Phone Number ()	_____ Job Title(s) _____
Explanation of Duties	_____
Beginning and Ending Dates of Employment	_____
Supervisor's Name and Title	_____
Reason(s) for Leaving	_____ _____

Employer	_____
Address	_____
Phone Number ()	_____ Job Title(s) _____
Explanation of Duties	_____
Beginning and Ending Dates of Employment	_____
Supervisor's Name and Title	_____
Reason(s) for Leaving	_____ _____

Employer _____

Address _____

Phone Number _ () _____ Job Title(s) _____

Explanation of Duties _____

Beginning and Ending Dates of Employment _____

Supervisor's Name and Title _____

Reason(s) for Leaving _____

Employer _____

Address _____

Phone Number _ () _____ Job Title(s) _____

Explanation of Duties _____

Beginning and Ending Dates of Employment _____

Supervisor's Name and Title _____

Reason(s) for Leaving _____

Employer _____

Address _____

Phone Number _ () _____ Job Title(s) _____

Explanation of Duties _____

Beginning and Ending Dates of Employment _____

Supervisor's Name and Title _____

Reason(s) for Leaving _____

Please list three (3) personal references (other than relatives and former employers)

LIST RESIDENTIAL ADDRESSES FOR THE PAST TEN (10) YEARS

STATE

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

APPLICANT'S CERTIFICATION AND AGREEMENT

My signature below certifies that the foregoing statements are true and complete to the best of my knowledge and belief. I hereby authorize the verification of all information set forth in this application for employment. I also authorize the review of my criminal record (if any), and any other inquiries which may be necessary in arriving at an employment decision. I understand that any false, incomplete, or misleading information will be grounds for rejection of this application or, if subsequently discovered, grounds for termination. I understand that any employment will be "**at will**," which means that I may terminate the employment relationship at any time, with or without notice or cause, and that the employer retains the same rights.

Applicant's Signature

Date