

MCCORMICK COUNTY
APPLICATION FOR EMPLOYMENT
COUNTY ADMINISTRATOR
 610 S. Mine Street
 McCormick, SC 29835

Phone: 864-852-2231
 Fax: 864-852-2783

AN EQUAL OPPORTUNITY EMPLOYER

This application must be filled out in detail with a typewriter or printed in ink. Failure to complete all sections, or to sign application may result in your application being returned for completion, causing delay or possible disqualification.

- - - - -
Social Security No.
Date: _____

Name: _____

 Last First Middle
 Address: _____
 Street, No. and/or P. O. Box

 City State Zip Code

Phone: (Home) _____ (Work) _____

May we call you at work? Yes _____ No _____

Are you 18 years or older: Yes _____ No _____

Birth Date: (optional) _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ No _____ (A "yes" answer in this question will not necessarily bar you from employment. The nature, severity, and date of this offense in relation to the position for which you are applying are considered.)

If "yes" Charge: _____ Where Convicted: _____

Date: _____ Disposition or Current Status: _____

Personnel Research

Have you worked for the County before: Yes _____ No _____

Do you have relatives with the County: Yes _____ No _____

How did you know about the position: (explain below)

i.e. advertisement, contact, employment office, etc

DESCRIBE TYPE OF WORK SEEKING

Dept.: _____ POSITION: _____

Are you willing to accept any of the following:

Permanent: Yes _____ No _____ Temporary: Yes _____ No _____

Full Time: Yes _____ No _____ Part Time: Yes _____ No _____

MILITARY

In US Armed Forces? Yes _____ No _____ Branch: _____

Rank at Discharge: _____ Duty Dates: _____

Present Connection: Yes _____ No _____ Explain: _____

Should the position for which you are applying require the use of a personal vehicle, would such a vehicle be available to you? Yes _____ No _____

Is there a minimum salary you will accept? Yes _____ No _____ Amount? _____

Date you can begin work: _____

EDUCATION: (Circle each below) GED _____ or below:

Elementary: 1 2 3 4 5 6 7 8 High School: 9 10 11 12

Masters Degree: _____ Doctorate: _____

Registered License or Profession in SC: _____

Below list any Equipment or machines you can operate:

Commercial/Tech: 1 2 3 4 College: 1 2 3 4

Valid Driver's License No. _____

Typing Skills _____ wpm; **Shorthand** _____ wpm

Computer Skills _____

Starting with high school provide complete information of schools attended:

Name of School	Where	Dates Attended	Credits	Degree/Certificate	Major/Minor

Employment Record

Are you presently employed? Yes _____ No _____ If "yes" may we contact your present employer? Yes _____ No _____

Have you ever been discharged or forced to resign from any job? Yes _____ No _____ If "yes" please explain on a separate sheet

Instructions: Read carefully before completing the remainder of this section. It is important that this section be completed in detail if your experience is to be fairly evaluated.

1. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
2. List all employments including military service, part-time and self employment and account for all period of time other than school, including unemployment
3. A resume may not be submitted for this section. However, a resume may be attached upon full completion of this application.
4. Start with the most recent position and work back to first position you held.
5. If space is too limited for listing all your employment record, you may use additional sheets of 8 1/2 x 11 paper following the same format used below, sign your name and attach to this application.

1. (Current or most recent position) Description of duties: _____

Position Title: _____

Employer Name & Address: _____

Date employed in this position:
 Mo. Yr. Mo. Yr.

From: _____ To: _____

Full Time mos. In this pos.? _____ Hrs. Per Wk? _____

Part Time mos. In this pos.? _____ Hrs. Per Wk? _____

Starting Salary \$ _____ Last Salary \$ _____

Name on employment record if Reason for Leaving:
 different from present name: _____

3. (Next most recent position) Description of duties: _____

Position Title: _____

Employer Name & Address: _____

Date employed in this position:
 Mo. Yr. Mo. Yr.

From: _____ To: _____

Full Time mos. In this pos.? _____ Hrs. Per Wk? _____

Part Time mos. In this pos.? _____ Hrs. Per Wk? _____

Starting Salary \$ _____ Last Salary \$ _____

Name on employment record if Reason for Leaving:
 different from present name: _____

2. (Next or most recent position) Description of duties: _____

Position Title: _____

Employer Name & Address: _____

Date employed in this position:
 Mo. Yr. Mo. Yr.

From: _____ To: _____

Full Time mos. In this pos.? _____ Hrs. Per Wk? _____

Part Time mos. In this pos.? _____ Hrs. Per Wk? _____

Starting Salary \$ _____ Last Salary \$ _____

Name on employment record if Reason for Leaving:
 different from present name: _____

4. (Next most recent position) Description of duties: _____

Position Title: _____

Employer Name & Address: _____

Date employed in this position:
 Mo. Yr. Mo. Yr.

From: _____ To: _____

Full Time mos. In this pos.? _____ Hrs. Per Wk? _____

Part Time mos. In this pos.? _____ Hrs. Per Wk? _____

Starting Salary \$ _____ Last Salary \$ _____

Name on employment record if Reason for Leaving:
 different from present name: _____

Certification of Applicant: I affirm, agree and/or understand that all statements or omission of facts may result in my being disqualified or my being discharged should I already be employed by any McCormick County Department; my background may be investigated, including a fingerprint check; I may be required to successfully pass a medical examination as a condition of employment; if I have requested herein that my present employer not be contacted, an offer of employment may be conditional upon acceptable information and verification from each employer prior to beginning work; copies of this form may be furnished to other McCormick County Department Heads.

Additional Comments: Use this space to add any comments or information that would help evaluate your application. Include any volunteer experience related to position for which you are applying. Use attachment if necessary.

REFERENCES: (List Three w/addresses - No Relatives)

1. _____

2. _____

3. _____

Applicant Signature: _____ **Date:** _____