

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Year Completed				Name of Degree Or Certificate	Major/Minor
			5	6	7	8		
Elementary								
High								
College								
Other (specify)								

CHECK (IF APPLICABLE) CERTIFICATION, LICENSING, APPRENTICESHIP, OR EXPERIENCE:

ADDING MACHINE
 CALCULATOR
 TYPING SPEED _____
CLERICAL SKILLS:
 SHORTHAND SPEED _____
 COMPUTER
 ACCOUNTING

COMPLETION OF SC CRIMINAL JUSTICE

VALID SC DRIVER'S LICENSE
 VALID COMMERCIAL DRIVER'S LICENSE (CDL)
 CDL License Class _____

JOURNEYMAN'S CERTIFICATION:

PLUMBING
 HVAC
 ELECTRICAL

CDL Endorsements:

 CDL Restrictions: _____

Describe any specialized skills or training that may be applicable to positions for which you are qualified:

OTHER LICENSE OR CERTIFICATIONS: _____

ARE YOU RELATED TO ANYONE EMPLOYED BY SPARTANBURG COUNTY?

NAME	RELATIONSHIP	DEPARTMENT

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME	ADDRESS	TELEPHONE NUMBER

Have you been convicted of a crime other than minor traffic violations?	YES <input type="checkbox"/> NO <input type="checkbox"/>	NOTE: A "yes" answer to this question will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.
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IF YES:	Charge(s)	Where Convicted	Date	Disposition or Current Status

EMPLOYMENT RECORD

Are you presently employed? Yes
 No

If yes, may we contact your present employer regarding your service and employment record? Yes
 No

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 periods of time other than school, including unemployment.
3. A resume may not be substituted for this section. However, a resume may be attached upon full completion of this application.
4. Start with most recent Position and work back to first position you held.
5. If space is too limited for listing 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.

Name and Address of Company and Type of Business	From	To	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo. Yr.	Mo. Yr.				
	Job Title: Describe the work you did:					
Telephone						

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	Job Title: Describe the work you did:					
Telephone						

PERSONAL REFERENCES (Not former employers or relatives)

Name and Occupation	Address	Phone Number

I hereby certify that the facts in this application are true and accurate and that any misrepresentation or omission of facts may result in my being disqualified or my being discharged. You are hereby authorized to make any investigation of my personal employment, financial or medical history or any other related matters considered necessary.

Date _____ Applicant's Signature _____

APPLICANT NOTICE OF DRUG ABUSE SCREENING

Spartanburg County has approved and administers an Alcohol and Drug Abuse Policy for all county employees and applicants. Compliance with this policy is a condition of employment.

Every offer of employment is conditioned upon the applicant successfully completing a post-offer medical examination which includes an urinalysis test to detect illegal substance use. If an applicant's initial urinalysis test is positive, a confirmation test will be conducted on the same specimen to rule out false-positives. If the confirmation test is positive, the applicant will be advised that he/she did not successfully complete the urinalysis test. A tampered specimen is regarded the same as a positive specimen. Before an applicant can be reconsidered for any position with Spartanburg County government, he/she must receive professional evaluation which may include a rehabilitation program at a facility approved by the county at the applicant's expense.

AT-WILL EMPLOYMENT DISCLAIMER

The contents of this application are not intended to create a contract between the county and any employee. Nothing in the application binds the county or any employee to any specific or definite period of employment, or to any specific procedures, policies, guidelines, ruin, or terms and conditions of employment. As an employee, you are completely free to leave the county at any time you choose, and the county has the same right to end the employment relationship.

I have read and/or been explained and I understand the above statement

Applicant's Signature

Personnel Director/Designee

Additional Comments:

SPARTANBURG COUNTY
P.O. BOX 5666
SPARTANBURG, SOUTH CAROLINA 29304

**AFFIRMATIVE ACTION
VOLUNTARY INFORMATION**

COMPLETION OF INFORMATION BELOW IS VOLUNTARY:

We consider all applicants for positions without regard to race, religion, sex, national origin, age, mental or physical disabilities, veteran reserve, National Guard or any other similarly protected status. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position applied for: _____

Date: _____ Signature: _____

APPLICATION INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Male: _____ Female: _____ Date of Birth: ____/____/____ Telephone: () _____

Marital Status: _____ Single _____ Married

PLEASE CHECK ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS:

- (1) _____ White (not of Hispanic origin)
- (2) _____ Black (not of Hispanic origin)
- (3) _____ Hispanic
- (4) _____ Asian/Pacific Islander American
- (5) _____ Indian/Alaskan Native

