

## PICKENS COUNTY ADMINISTRATION 222 MCDANIEL AVENUE, B-14 PICKENS, SC 29671



## APPLICATION FOR EMPLOYMENT

(Please Print)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

				DATE OF APP	LICATION:	
osition Applied F	or:					
lame:						
(L	ast)	(First)	(Middle)		(Email Address)	
Present Address						
(Stre	et, Apt#, or PO Box)		(City)	(County)	(State)	(Zip Code)
Home phone			Cell Phone			
Are you 18 years o	of age or older? Yes	s No	Are you eligible	e to work in the Unite	d States? Yes	No
Relatives Employe	d by Pickens County?	Yes	No			
If Yes, (List Nam	ie(s), Relation, and Co	unty Department)				
·	en employed by Picker d you be available for	·	Yes No	If so, w	hat year?	<u> </u>
Have you been co	nvicted, pled guilty, or	pled no contest to	a crime other than mino	r traffic violations?	Yes	No
Note: A "yes" ansv or which you are a	ver to this question will applying are considered	not necessarily bad.	ar you from employment.	The nature, severity,	and date of the offens	e in relation to the position
f yes, (List Charge	e(s), Where Convicted,	Date, Disposition	or Current Status)			

Were you in the U.S. Armed Forces? Yes	No		
If Yes, list Branch and Rank at Discharge			
EDUCATION:			
Name of High School - City, State	Highest Yr Completed	Did you Graduate?	Degree/Diploma
GED:			
Name of College - City, State	Highest Yr Completed	Did you Graduate?	Degree/Diploma
Other City, State	Highest Yr Completed	Did you Graduate?	Degree/Diploma
ony, outo			
Trade or Vocational School City, State	Highest Yr Completed	Did you Graduate?	Degree/Diploma
Do you possess a valid S.C. Driver's License	?		
Driver's License Number and State	muniformin Coulth Countings		
Are you currently registered or licensed for a If Yes, (List Profession/Craft, License Numbe		rtes	No
ii 1es, (List Piolession/Clait, License Numbe	1, and Εχρ. Date)		
Do you type? If Yes, WPM	Do you take Sho	thand?	
<u></u> ss,	20 ,00 ,000		
List any equipment or machines with which you which you are applying.	ou are proficient & other skills	, qualifications, awards, trail	ning courses, etc., related to the position for
which you are applying.			

WORK HISTORY
Begin with your present or most recent position. List all positions held, including military service, if any. Please answer all questions in this section in complete detail. We may call your previous employers.

Name of Company	Type of Business	
Address		
Starting Date Job Title	Salary: \$	Per
Ending Date Job Title	Salary: \$	Per
Reason for Leaving:		
Name and Title of Immediate Supervisor		
May we contact this Employer?	Phone:	
Description of Duties:		
Name of Company	Type of Business	
Address		
Starting Date Job Title	Salary: \$	Per
Ending DateJob Title	Salary: \$	Per
Reason for Leaving:		
Name and Title of Immediate Supervisor		
May we contact this Employer?	Phone:	
Description of Duties:		
Name of Company	Type of Business	
Address	• •	
Starting Date Job Title		
Ending Date Job Title	Salary: \$	Per
Reason for Leaving:		
Name and Title of Immediate Supervisor		
May we contact this Employer?		

. Name of Company		Type of Business	
Address			
Starting Date	Job Title	Salary: \$	Per
Ending Date	Job Title	Salary: \$	Per
Reason for Leaving:			
Name and Title of Imme	ediate Supervisor		
May we contact this Em	nployer?	Phone:	
Description of Duties: _			
. Name of Company		Type of Business	
Address			
Starting Date	Job Title	Salary: \$	Per
Ending Date	Job Title	Salary: \$	Per
Reason for Leaving:			
Name and Title of Imme	ediate Supervisor		
May we contact this Em	ployer?	Phone:	
Description of Duties: _			
Name of Company		Type of Business	
Address			
Starting Date	Job Title	Salary: \$	Per
Ending Date	Job Title	Salary: \$	Per
Reason for Leaving:			
Name and Title of Imme	ediate Supervisor		
May we contact this Em	pployer?	Phone:	
Description of Duties:			

List three references who are not relatives	s or previous supervisors:		
Name	Address	Phone #	
Name	Address	Phone #	
Name	Address	Phone #	
facts may result in my being disquade Department; my background may medical examination as a condition offer of employment may be conditionally as a condition of the conditional may be conditionally as a conditional may be	that all statements on this form are true a alified or my being discharged should I al be investigated, including a fingerprint ch n of employment; if I have requested here tional upon acceptable information and ve furnished to other Pickens County Depart	and accurate; any misrepresentation or omis ready be employed by any Pickens County eck; I may be required to successfully pass a in that my present employer not be contacte erification from such employer prior to beginn ment Heads. I understand that if hired I am	a ed, an
Applicant's Signature		Date	