

**AIKEN COUNTY GOVERNMENT
APPLICATION FOR EMPLOYMENT**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap. Aiken County Government is committed to maintaining a safe and secure workplace free of drugs. All position finalists must successfully pass pre-employment testing and drug screening. **EQUAL OPPORTUNITY EMPLOYER.**

RETURN TO: SC Employment Security Commission, 1571 Richland Ave. East, Aiken, SC 29801.

Position applied for: _____ Date available to start work?: _____

Name: _____ Social Security # _____
Last First Middle Initial

Present Address: _____
No. Street City State Zip Code

Telephone # _____ Are you age 18 or Older? Yes ___ No ___

Are you a US Citizen? Yes ___ No ___ If no, list documents which demonstrate your right to work in the U.S. _____

Do you have a valid Driver's License? Yes ___ No ___ State ___ # _____ Class ___ CDL License? Yes ___ No ___

Have you ever worked for Aiken County Government? Yes ___ No ___ If yes, Dept. _____

Do you have any relatives working for Aiken County? Yes ___ No ___
Name Relationship Dept.

List any equipment, machines, or other skills, qualifications or certifications related to the position for which you are applying: _____

Have you ever been convicted of or plead guilty or no contest to any crime, other than minor traffic offenses? Yes ___ No ___
If yes, describe in full _____

Notice: Failure to disclose all requested criminal record information on your application will result in refusal of employment or discharge if you have already been employed. The nature of any criminal record will be considered in relation to any jobs for which you are applying and will not necessarily keep you from being hired.

EMPLOYMENT RECORD: List present or last employer first. (To document additional employment, please record on plain paper and attach to employment application. Attach resume if desired)

Name of Employer _____ Phone # _____ Employment Dates _____
From To

Address _____
No. Street City State Zip Code

Position _____ Salary _____ May we contact? Yes ___ No ___

Responsibilities _____

Reason for leaving _____ Supervisor _____

Name of Employer _____ Phone # _____ Employment Dates _____
From To

Address _____
No. Street City State Zip Code

Position _____ Salary _____ May we contact? Yes ___ No ___

Responsibilities _____

Reason for leaving _____ Supervisor _____

EMPLOYMENT RECORD (continued):

Name of Employer _____ Phone # _____ Employment Dates _____
From _____ To _____

Address _____
No. Street City State Zip Code

Position _____ Salary _____ May we contact? Yes ___ No ___

Responsibilities _____

Reason for leaving _____ Supervisor _____

EDUCATION:

Name/Address of school Major/Minor Graduated Dates Attended

High School _____ Yes ___ No ___ _____ to _____

Technical Education _____ Yes ___ No ___ _____ to _____

College _____ Yes ___ No ___ _____ to _____

Were you in the Armed Forces? Yes ___ No ___

Were you honorably discharged? Yes ___ No ___ Dates of Service: _____ / _____

List three references who are not relatives or former employers:

Name Address Phone #

I understand and agree that if I am employed I may terminate my employment at anytime, with or without notice and with or without cause. I understand that the County has the same right. However, to keep my service record in good standing, I shall give my Department Head at least 2 weeks notice in writing. I understand that if employed, falsified statements on this application shall be considered sufficient cause for termination. You are hereby authorized to make any investigation of my personal employment, education and any other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. I fully understand that it is Aiken County's policy to achieve a drug-free work force and to provide a workplace free from the use of illegal drugs. I understand that the manufacture, distribution, dispensation, possession, sale, or use of illegal drugs by County employees, on or off the job and on or off county property is prohibited. I understand that I must successfully undergo a pre-employment drug screening as a condition for employment. I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge.

Date: _____ Signature: _____

PRE-EMPLOYMENT INFORMATION FORM

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, religion, sex, national origin, age, marital status or handicap. To help us comply with Federal/State equal employment opportunity, record keeping, reporting and other legal requirements, please answer questions on the back of this form. This Pre-Employment Information will be kept in a **Confidential File** separate from the attached application for employment.

PLEASE PRINT

SSN: _____ - _____ - _____ Position applied for _____

Name: _____ Phone: _____

Address: _____ Birth date: _____

Sex: Male ___ Female ___ Race/Ethnic Group: White ___ Black ___ Hispanic ___ Other ___ Vet _____

Yes/No

**AIKEN COUNTY CONSENT FOR RELEASE OF
INFORMATION**

TO: Whom It May Concern:

As an employee of Aiken County Government or an applicant for a position with Aiken County Government, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military and police records to ascertain any and all information, which may be pertinent to my employment qualifications.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

You may retain this copy of my release for your files. Thank you for your assistance.

Employee /Candidate's Name: _____

Birth date: _____

Maiden Name (If applicable): _____

Social Security Number: _____/_____/_____

Driver's License Number: _____ State: _____

Address: _____

City, State, Zip Code: _____

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY (Do Not Write Below This Line)

Sworn to this _____ day of _____ 20____ in the State of South Carolina and the County of Aiken.

Signature of Notary

Date

Print Name of Notary

Telephone Number

Commission expires: _____