[OFFICE OF RESILIENCE]

EMPLOYMENT APPLICATION

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

Position applying for:							
Job Title							
State of South Caroli	Location						
Contact Information							
					T. ANT		
Name	Middle Initial	Las	t	Forn	ner Last Name		
Mailing Address							
Address		County			C44 .	7:- C-1.	
		·			State	Zip Code	
Email Address				Noti	fication Professor	□ Mail □ Email	
		ternate Filone		Nou	Treation Frereience	- Ivian - Eman	
Other Personal Information							
Do you possess a valid driver's license? Yes No If yes, provide State and number:							
Expiration dateClass (check one) \Box A \Box B \Box C \Box D \Box E \Box F \Box M \Box G							
Can you, after employment, submit proof of your legal right to work in the United States? \Box Yes \Box No							
Are you willing to relocate? ☐ Yes	\square No If y	es, provide counties					
What type of job are you looking for?	□ Regular	☐ Temporary	□ Seasonal	☐ Internship			
What types of work will you accept?	☐ Full Time	□ Part Time	□ Per Diem				
What shifts are you available to work?	□ Day	□ Evening	□ Night	☐ Rotating	□ Weekends	☐ On Call (as needed)	
Education							
High School Name		Location			□ Diploma □ Oth	er (specify)	
Give name and address of school, major	course of study, a	nd degree achieved.					
Undergraduate College/University			_ Graduate Scho	ool			
Degree Attained			_ Degree Attain	ed			
Year			_ Year				
Additional Information							
Certificates and Licenses							
Additional Skills							

[OFFICE OF RESILIENCE]

EMPLOYMENT APPLICATION

Work History

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide explanation for any gaps in employment. All information in this section must be complete. A résumé may be attached, but not substituted for completing this section. Should you need additional space, copy this page.

completing this section. Should you need additional space, copy this page.						
1. Name of Present or Last Employer:						
Job Title:						
Address:	Phone	Supervisor				
From:/ To:/	Hours Per Week	Salary	Number Supervised			
May we contact this employer? □ Yes □ No						
Job Duties (give details)						
Reason For Leaving						
2. Your Next Most Recent Employer:						
Job Title:						
Address:		•				
From:/ To:/	Hours Per Week	Salary	Number Supervised			
May we contact this employer? \Box Yes \Box No						
Job Duties (give details)						
Reason For Leaving						
3. Your Next Most Recent Employer:						
• •						
Job Title:		Supervisor				
From:/ To:/	Hours Per Week	Salary	Number Supervised			
May we contact this employer? \square Yes \square No						
Job Duties (give details)						
Reason For Leaving						

[OFFICE OF RESILIENCE]

EMPLOYMENT APPLICATION

Please carefully read the following information:

	ny offense committed before your 17th birt		ly adjudicated in juvenile court or under a youthful offender all cases. Each conviction is evaluated individually.
If yes, please list charge(s)			
Where Convicted		Date	Disposition/Status
Are you currently employed by the State of	South Carolina? ☐ Yes ☐ No If y	yes, which agency?	
Do you have any relatives employed with t	ne State of South Carolina?	□ No If yes, ple	ase provide name(s), relationship, and agency below.
Name	Relationship	Agend	y
Name	Relationship	Agend	у
Have you ever been terminated or forced to	resign from any job? Yes No	If yes, please exp	lain below.
Give the name, address, and phone number	of two people, not relatives, who are familAddress	liar with your work.	rce within the past 12 months? Phone Phone
arrangements have been made for repayme Signature Authority to Release Information: By my s which may include but not be limited to educational records including transcripts; appropriate officers, agents and employee employers, law enforcement organization, such inquiries made in connection with my Signature Certification of Applicant: By my signature	Date	nation to authorized of ent work; including ; and any personnel in parties. I further rele if whatever nature that	fficers, agents, and employees of the State of South Carolina my official personnel files; attendance records; evaluations; ecord deemed necessary. In addition, I consent to authorize ase the organization, educational entity, present and former at I may have as a result of any inquiry or response given to
			sideration or, if hired, termination of employment. If I have led upon acceptable information and verification from such
Signature	Data		