

1619 Jefferson Davis Highway PO Box 310 Camden, SC 29021 (803) 432-4841

APPLICATION FOR EMPLOYMENT

The Kershaw County Board of Disabilities and Special Needs does not discriminate on the basis of age, sex, religion, race, national origin or disability in its employment practices, individual admissions, or selection of its governing board.

Date:	Position/Shift Desired:				
Name (Full):					
	(First)	(Middle)			(Last)
Address:					-
Number	Street	City	County	State	ZIP
Phone (Home	·):				
Cell:					
Email:					
Social Security	/ Number:				
Driver's Licens	se Number:		State Issued:		

	Yes	No
Have you ever been convicted of abuse and/or neglect or had such complaint substantiated by the Department of Social Services or any other Agency?		
Have you ever been dismissed or forced to resign from any employment?		
If yes, please explain:		

List the States where you have lived since the age of 18 and the dates of your residence. Please do not leave any gaps: _____

Have you ever served in any Branch of	f the U.S. Armed Forces?	If yes, Branch of
Service:	Dated Entered:	_Date Discharged:
Type of Discharge:	Highest Rank	

EXPERIENCE:

Begin with Present or mos	st recent job. Please do no	ot omit any jobs. Use additi	onal pages if needed.
Employer:			
Address:			
Phone:	Supervisor:		
Dates of Employment:	t	0	
	Month/Year	Month/Year	
Starting Salary:	Ending Salary:	Title:	

Employer:			
Address:			
Phone:	Supervisor:		
Dates of Employment:	1	0	
	Month/Year	Month/Year	
Starting Salary:	Ending Salary:	Title:	
Specific Duties:			
Reason for Leaving:			

Employer:			
Address:			
Phone:	Supervisor:		
Dates of Employment:	t	0	
	Month/Year	Month/Year	
Starting Salary:	Ending Salary:	Title:	
Specific Duties:			
Reason for Leaving:			

Name: Address: Phone:	
Name: Address: Phone:	_Occupation:
Name: Address: Phone:	

IN CASE OF EMERGENCY NOTIFY: _____ PHONE: _____

Туре	Name & Location	EDUCATION Course of Study	Diploma
High School			
Business/ Technical			
Junior College			
College			
Graduate			
Other Studies			

Salary Range which you are willing to accept: _____

Please write a short paragraph detailing why you want to work with people with developmental disabilities:

I,			, authorize T	he Kershaw	County Board of
Disabilities and Special No	eds to do an	investigation w	ith the State Law	Enforcemen	t Division. Below
is the information you will	need to comp	lete the investic	ation.		
Full Name: First		Middl	e/Maiden		Last
Street Address:					
City, State, Zip Code:					
Other Names Used:					
Date of Birth:					
Social Security Number: _					
Date	- <u>-</u> <u>-</u> <u>-</u>				
Date	Sigi	nature			
PLEASE SEE REVERSE SI	DE (PAGE 6)	FOR ADDITION/		I & AUTHORI	ZATION
Office Use Only:					
Date Checked:	Sex Offe	nder Registry: _	YesN	o Initials:	
Date Checked:	OIG:	Yes	No	Initials:	
I hereby certify	hat all state	ments made in	this application	are true a	nd Lagree and
					-
understand that any miss	statements or	omissions of m	aterial/facts here	in shall caus	e forfeiture of all
rights of employment. I	also understa	nd that as a cor	dition of my emp	oloyment, I m	ay be subject to
a background investigat	ion and, ther	efore, give my	permission to th	e Kershaw (County Board of
Disabilities and Special	Needs to cond	duct such inves	igation as deem	ed necessary	v. If I am hired, I
understand that I will be	emploved "A	T WILL." which	neans that I mav	terminate m	v emplovment at
		·	•		, , , , , , , , , , , , , , , , , , , ,
any time with or without	reason and th	at the Doard WI	nave the same r	ignt.	
Applicant's Signa	ture		-	Date	