



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/Maiden) (Last)

Address: _____
Number Street City County State ZIP

Phone (Home): _____ Cell: _____ Email: _____

Social Security Number: _____

Driver's License Number: _____ State Issued: _____

Have you ever been convicted or pled guilty or No Contest to any violation of law other than minor traffic violations? _____ If yes, please explain: _____

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 the U.S. Armed Forces? _____ If yes, Branch of Service: _____ Dated Entered: _____ Date Discharged: _____

Type of Discharge: _____ Highest Rank _____

EXPERIENCE (Continued)

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

PERSONAL REFERENCES:

Name: _____ Occupation: _____
Address: _____
Phone: _____

Name: _____ Occupation: _____
Address: _____
Phone: _____

Name: _____ Occupation: _____
Address: _____
Phone: _____

IN CASE OF EMERGENCY NOTIFY: _____ **PHONE:** _____

EDUCATION

Type	Name & Location	Course of Study	Dates Attended	Diploma
High School				
Business/ Technical				
Junior College				
College				
Graduate				
Other Studies				

Date Available to Begin Work: _____

Salary Range which you are willing to accept: _____

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

Authorization for Release of Information

I, _____, authorize The Kershaw County Board of Disabilities and Special Needs to do an investigation with the State Law Enforcement Division. Below is the information you will need to complete the investigation.

Full Name: _____
 First Middle/Maiden Last

Street Address: _____

City, State, Zip Code: _____

Other Names Used: _____

Date of Birth: _____

Social Security Number: _____

Date

Signature

Sex Offender Registry: _____ Yes _____ No

PLEASE SEE REVERSE SIDE (PAGE 6) FOR ADDITIONAL VERIFICATION & AUTHORIZATION

Office Use Only:

Date Checked: _____ Sex Offender Registry: _____ Yes _____ No

Initials: _____

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatements or omissions of material/facts herein shall cause forfeiture of all rights of employment. I also understand that as a condition of my employment, I may be subject to a background investigation and, therefore, give my permission to the Kershaw County Board of Disabilities and Special Needs to conduct such investigation as deemed necessary. If I am hired, I understand that I will be employed “AT WILL,” which means that I may terminate my employment at any time with or without reason and that the Board will have the same right.

Applicant’s Signature

Date