### APPLICATION FOR EMPLOYMENT

#### RICHLAND COUNTY GOVERNMENT

### Human Resources Department

2020 Hampton Street, Room 3058 Columbia, SC 29204 Ph: 803-576-2110 – Fax: 803-576-2119 - Employment Website – www.rcgov.us

DATE:		
POSITION APPLIED FO	OR:	
	ONLY ONE POSITION PER APPLICATION	

#### INSTRUCTIONS TO APPLICANT:

Please type or print legibly in ink all information except signature. Incomplete applications will not be accepted. Applications must have all sections completed and the form signed by the applicant. An application must be completed for each vacancy. A résumé may be attached but not substituted for completing the application.

All qualified applications will be referred to the department where the vacancy is located. That Department Head is responsible for the review and evaluation of applications and recommending the most qualified applicants to be selected for an interview.

Applications will remain active until the vacancy is filled. If you wish to remain informed of positions available at Richland County, please visit our website at www.rcgov.us.

Thank you for your interest in Richland County Government.

### PERSONAL DATA

NAME (Last, First, MI):					
SOCIAL SECURITY NUMBER	₹:		DATE OF	APPLICATION:	
MAILING ADDRESS:					
CITY:	STATE:	ZIP COI	DE:	COUNTY NUMBER:	
HOME PHONE #:	WORK PHO	ONE #:	N	MAY WE CALL YOU AT WORK:	
ARE YOU LEGALLY AUTHO	RIZED TO WORK IN T	THE UNITED S	TATES?	YES NO	
DO YOU HAVE RELATIVES IF SO, NAME(S) /RELATION WHAT DEPARTMENT					
DO YOU POSSESS A VALID	DRIVERS LICENSE?	YES NO	NUMBER	EXP. DATE	
HAVE YOU BEEN CONVICTORY VIOLATIONS (I.E. PARKING **IF YES: CHARGES	TICKET)? YES N	NO			
WHERE CONVICTED	DATE		DISPOSITI	ON/STATUS	

\*\*NOTE: CRIMINAL OFFENSES INCLUDE FELONIES, MISDEMEANORS AND SUMMARY OFFENSES. EXAMPLES: DRIVING UNDER THE INFLUENCE OF INTOXICATING BEVERAGES, DRUGS, FRAUDULENT OR BAD CHECKS, DISTUBING THE PEACE, LEAVING THE SCENE OF AN ACCIDENT, ROBBERY, ETC. OMIT MINOR VEHICLE VIOLATIONS AND ANY OFFENSE COMMITTED BEFORE YOUR 17<sup>TH</sup> BIRTHDAY, WHICH WAS FINALLY ADJUDICATED IN JUVENILE COURT OR UNDER A YOUTHFUL OFFENDER LAW. CONVICTION OF A CRIMINAL OFFENSE IS NOT A BAR TO EMPLOYMENT IN ALL CASES. THE NATURE, SEVERITY AND DATE OF THE OFFENSE IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING ARE CONSIDERED. FAILURE TO ACCURATELY REPORT OFFENSES WILL BE CONSIDERED SERIOUSLY BY THE COUNTY AND GROUNDS FOR DISQUALIFICATION FROM CONSIDERATION AND/OR TERMINATION IF EMPLOYED.

# **EDUCATION**

Starting with High School, provide **COMPLETE** information on all schools attended, including special courses or schools.

	School/Institution and Location	Major/Minor Subject Areas	Graduate	Degree/ Dip	loma	
High School or Equivalent			Yes No			
College/University			Yes No			
College/University			Yes No			
College/University			Yes No			
Technical School			Yes No			
		SKILLS	<u> </u>			
DO YOU HAVE P	PERSONAL COMPUTER/SOFTWA	RE SKILLS?			YES	NO
DO YOU HAVE V	VORD PROCESSING SKILLS?		WPM:		YES	NO
DO YOU HAVE Γ	DATA ENTRY SKILLS?	<del></del>			YES	NO
SUPERVISORY E	XPERIENCE/TRAINING?				YES	NO
	PERIENCE/TRAINING?				YES	NO
	RIENCE/TRAINING?				YES	NO
	PMENT, SOFTWARE OR MACHINI WHICH YOU ARE APPLYING:	ES, WITH WHI	ICH YOU ARE PROFIC	ZIENT, RELA	TED TO T	НЕ
LIST ANY PROFE	ESSIONAL LICENSES OR CERTIFI	ICATIONS:				

DATE OF

CERTIFICATION:

CERTIFICATION OR

LICENSE NUMBER:

PROFESSION/CRAFT:

EXPIRATION DATE:

# **EMPLOYMENT DATA**

TYPE OF EMPLOYMENT YOU WILL ACCEPT:	FULL-	TIME		PART-TIME	
				IF NO, LIST HOURS	
WILL YOU ACCEPT A POSITION WITH VARYING	SHIFTS?	YES	NO	PREFERRED:	
			EA	RLIEST DATE YOU COULD BEG	IN
MINIMUM SALARY YOU WILL ACCEPT:	PER		WC	ORK:	

### **EMPLOYMENT RECORD**

List ALL work history starting with your present or last position. List any self-employment, temporary, and military jobs. Account for ALL periods of unemployment. This section must be accurate and complete. If more space is needed, attach additional sheets in the same format, including your name and social security number on each sheet. **DO NOT SUBSTITUTE A RESUME FOR AN APPLICATION.** 

. Title of present or recent position	From Month	Year	To Month	Year
Employer	Phon	ıe		
Address				
Supervisor's NameTit	le		May we contact?	
Hours per week Salary (weekly, monthly, annua	al)			
Name on Employment Record if different from present name				
Reason for Leaving				
Outies				
	==========	======		======
2. Title of position	From Month	Year	To Month	Year
Employer	Phon	ie		
Address				
Supervisor's NameTit	le		May we contact?	
Hours per week Salary (weekly, monthly, annua	al)			
Name on Employment Record if different from present name				
Reason for Leaving				

# EMPLOYMENT RECORD (continued)

3. Title of position	From	Month	Year	To Month	Year
Employer		Phone	;		
Address					
Supervisor's Name	Title			May we contact?	
Hours per week Salary (we	eekly, monthly, annual)				
Name on Employment Record if differer	nt from present name				
Reason for Leaving					
Duties					
4. Title of position					
Employer					
Address					
Supervisor's Name					
Hours per week Salary (we				-	
Name on Employment Record if differer					
Reason for Leaving	-				
Duties					
	REFEREN( esses of three people, not relat	CES			
Name	Address			Phone Nur	nber

### APPLICANT CERTIFICATION

- 1. I affirm, agree and/or understand all statements on this form are true and accurate; and any misrepresentation or omission of facts may result in exclusion from further consideration and/or, if hired, termination of employment. If I have requested that my present employer not be contacted, I understand an offer of employment may be contingent upon information and verification of other former employers, prior to beginning work.
- 2. I agree to conform to the rules and regulations of the County. According to the State of South Carolina Law, I understand my employment with Richland County will be at-will.
- 3. I hereby consent to authorized representatives of Richland County Government contacting any of my former employers or educational institutions that I have attended and any other person or organization they determine may have information concerning my past and present work. I understand this would include my official personnel files, attendance records, background information, evaluations, educational records, military service, law enforcement records and/or any personal records deemed necessary. I also understand Richland County may make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organizations and all third parties from any and all claims, of whatever nature, that I may have, as a result of any inquiry or response to such inquiries, made in connection with my application for employment. I understand that any information obtained by Richland County in the course of those contacts will be treated with the strictest of confidence. However, I understand it is not possible to guarantee total confidentiality.
- 4. I understand and acknowledge that Richland County requires all applicants who are tentatively selected for employment to submit to and pass a drug test, and that failure to take the test, failure to cooperate in taking the test, failure to follow test procedures, or testing positive for the use of illegal drugs or substances will result in disqualification from employment.

The drug test will be by urinalysis and if the collector of the test sample believes that there is a reasonable possibility that I have or will tamper with or substitute the urine sample, the sample or an additional sample may be collected under conditions in which a person of the same gender of the applicant may witness the collection.

Signature	Date

Richland County is sensitive to the needs of qualified applicants and employees with disabilities. Richland County is also willing to make reasonable accommodations to assist such applicant and employee.

### **EEO STATEMENT**

Richland County Government is an equal opportunity employer, and government policy requires that consideration be given to all applicants without regard to race, color, military status, religion, sex, national origin, age, a legally defined disability to a qualified applicant or other status as protected by law.

### **EEO Data Reporting Form**

The federal government requires the following information to be collected for statistical reporting as a part of Richland County's Affirmative Action Program. All responses are voluntary. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual. **The form will be removed by the Recruitment Office prior to being forwarded to the respective department for consideration.** 

		Today's Date:		
A.	Social Security No.:			
В.	Last Name:	First Name:		
C.	Position for which you are applyi	ng:		
	Title:	Department:		
D.	Sex (check $\sqrt{\ }$ ) appropriate box	Male 🗆 Female 🗆		
E.	Race (check $\sqrt{\ }$ ) appropriate box	White/Non Hispanic		
		American Indian/Alaskan native		
		Black/Non Hispanic		
		Asian/Pacific Islander		
		Hispanic		
F.	Date of Birth:			
G.	Do you have any disabling condit	ions for which you desire reasonab	ele accommodations? Yes	No 🗆
Н.	Veteran: Vietnam Era Veteran (	Check (√) Yes □ No □ I	Date of last separation	
Disa	bled Veteran (Disability of 30 per centum or	more administered by the VA; or discharged	d or released for disability) Yes	□ No □
I.	How did you become aware of this	position vacancy:		