

# Florence County Employment Application

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## **Personal Data**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you been known by another name? (If so, please indicate) \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_

## **Employment Desired**

Position Applied For: \_\_\_\_\_ Start Date: \_\_\_\_\_

Have you ever been employed with Florence County before? (If yes, give position and date)

\_\_\_\_\_

Have you ever filed an application with Florence County before? (If yes, give position and date)

\_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

Do you have any family currently employed by Florence County? (If yes, please provide name of family member) \_\_\_\_\_

Referred by: \_\_\_\_\_

## **Employment History**

Are you currently employed? \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

Are you authorized to work in the United States \_\_\_\_ Yes \_\_\_\_ No

Have you ever had any job-related training in the United States Military? (If yes, please explain)

\_\_\_\_\_

Have you ever been convicted of a crime? (Conviction will not necessarily disqualify an applicant from employment) \_\_\_\_\_

Do you have any criminal charges pending, other than minor traffic violations, which relate to the job for which relate to the job for which you are applying? (Pending criminal charges are not an automatic bar to employment. Each case is considered on its merits. If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

Do you have the special licenses required for this position? \_\_\_\_\_

## **Employment Record**

(Including military experience, if job related. List employment beginning with most recent position)

Employer Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Special Duties \_\_\_\_\_

Employment Dates \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Special Duties \_\_\_\_\_

Employment Dates \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Special Duties \_\_\_\_\_

Employment Dates \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Special Duties \_\_\_\_\_

Employment Dates \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## **Education**

	<b>Name &amp; Location of School</b>	<b>Years of Attendance</b>	<b>Date of Graduation</b>	<b>Degree Earned</b>
<b>High School</b>				
<b>College</b>				
<b>Trade, Business or Correspondence School</b>				
<b>Other</b>				

## **Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience: \_\_\_\_

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List Licenses and Certificates Related to the Position Sought: \_\_\_\_\_

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## **References**

Give the names of three (3) persons not related to you, whom you have known for at least one year

<b>Name</b>	<b>Address &amp; Phone</b>	<b>Business</b>	<b>Years Acquainted</b>

**FLORENCE COUNTY**  
**Affirmative Action Data Collection Self-Declaration**

The following information is requested to meet requirements for state and federal reporting. The data collected will be used for this purpose only. **Submission of this data is voluntary.** Responses remain strictly confidential and are filed separately from your application record. Florence County is an Equal Employment/Affirmative Action Employer and does not discriminate on the basis of sex, race, religion, color, national origin, age, physical condition or other protected status.

**Race/Ethnic Group:** (Please check the appropriate category)

White  Black  Hispanic  Asian or Pacific Islander  American Indian or Alaskan Native

**Veteran Status:**

\_\_\_\_\_

**Have you been a member of the armed forces?**  Yes  No

**Vietnam Veteran's Era?**  Yes  No

**Gender:**  Male  Female

**AUTHORIZATION & ACKNOWLEDGEMENT**  
**FOR EMPLOYMENT WITH FLORENCE COUNTY**

You must agree to the following conditions in order to submit this application.

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that Florence County shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I understand Florence County may request information regarding my employment, character, experience and qualifications and/or suitability for employment with Florence County including a check of my fingerprints and police record for the purpose of considering my suitability for hire.

I further understand that I must undergo a physical examination, including substance abuse screening, prior to an appointment to a position with Florence County. Refusal to participate will result in the rejection of my application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Florence County complies with the Americans with Disabilities Act and is an Equal Opportunity employer.

## CDL INFORMATION

APPLICANT / EMPLOYEE NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
DRIVERS LICENSE NO:		
EXPIRATION DATE:		

### Type of License

Regular Operator's	Chauffeur's	CDL
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If you have a CDL, please specify the CDL Endorsements and date of endorsement on your license.

<u>CDL ENDORSEMENT:</u>	<u>DATE OF ENDORSEMENT:</u>
General Knowledge	
Passenger Transport	
Air Brake	
Combination Vehicles	
Hazardous Materials	
Tanker	
Double/Triple	

Do you have any restrictions on any of the above listed licenses? If yes, please explain: \_\_\_\_\_

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Do you have any convictions that would affect your ability to drive? If yes, please explain: \_\_\_\_\_

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If at any time any of the above conditions and/or information changes, you are required by law to inform the Highway Commissioner immediately.

I, \_\_\_\_\_ attest that I have the above license in effect on the dates so stated. I also agree that prior to the expiration date, I will renew my license. (EMPLOYEES ONLY: If I receive any other CDL endorsements, I will notify you of the same.)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_