

Florence County Employment Application

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 _____

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

Employment Dates _____
Reason for Leaving _____

Employer Name _____ Phone _____
Address _____
City: _____ State: _____ Zip: _____
Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
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Employment Dates _____
Reason for Leaving _____

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

Employment Dates _____
Reason for Leaving _____

Education

	Name & Location of School	Years of Attendance	Date of Graduation	Degree Earned
High School				
College				
Trade, Business or Correspondence School				
Other				

Special Skills and Qualifications

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

List Licenses and Certificates Related to the Position Sought: _____

References

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

Name	Address & Phone	Business	Years Acquainted

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.

DRIVERS LICENSE/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: _____

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

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: _____