



HAMPTON COUNTY

200 Jackson Avenue, East
Hampton, South Carolina 29924

TEL: (803) 914-2100
FAX: (803) 914-2107

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Website
	<input type="checkbox"/> Other (specify):

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Address	Number Street	City State Zip Code
Drivers License	Number	State
Telephone Number(s)	Social Security Number	
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Please Answer The Following Questions	Yes	No
Have you ever filed an application with us before? (If yes, give date)		
Have you ever been employed with us before? (if yes, give date)		
Are you currently employed?		
May we contact your present employer?		
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment)		
On what date would you be available for work		
Are you available to work: () Full Time () Part Time () Shift Work () Temporary		
Are you currently on "lay-off" status and subject to recall?		
Can you travel if a job requires it?		
Have you been convicted of a crime other than a traffic violation? (If Yes, please explain below)		

EDUCATION

	Elementary School	High School	Undergraduate College	Graduate/ Professional
School Name And Location				
Years Completed (Circle Years)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any Specialized Training, Apprenticeship, Skills and extra-Curricular Activities Including Certification and licensing				

Describe any honors you have received	
State any Additional Information you feel may be helpful to us in considering your application	

List professional, trade, business, or civic activities and offices held. *(You may exclude memberships which would reveal sex, religion, national origin, age, ancestry, handicap, or other protected status)*

REFERENCES

Give name, address and telephone numbers (home and work) of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military?

Yes No

If yes, please describe: _____

Would you have any difficulty performing any task related to this job? And if so would you require reasonable accommodations?

Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer	Dates Employed From To		Responsibilities
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed From To		Responsibilities
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed From To		Responsibilities
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, continue on a separate sheet of paper.
Also, in addition to application completion, you may attach a resume if available.

APPLICANT'S STATEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN.

I certify that all answers given herein are true and complete to the best of my knowledge.

I hereby authorize Hampton County to conduct whatever investigation it deems necessary to confirm statements submitted on this application. If the investigation determines any untrue statements or answers, I accept this as sufficient reason for refusal to hire.

I authorize and request each person, former employer, firm, or corporation, given as reference, to answer any and all questions related to my past work performance, character, or skills. I hereby release from liability, the employer and its representatives for seeking such information and all persons, corporations or organizations for furnishing such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the County Administrator.

In the event of employment, I understand that false or misleading information given on my application or during my interview(s), may result in dismissal. I also understand that I am required to abide by all rules and regulations of my employer.

If employed, I agree, as a condition of my employment, that at such time or times during my employment as Hampton County shall require, I will consent to and undergo testing for the presence of drugs and/or alcohol. I also agree that at the time of any such examinations, I will execute all forms of consent and release of liability as are usually and reasonable attendant to such examination. Finally, I agree that the results of any such examination shall be made available to Hampton County or its agents.

Signature of Applicant _____ Date _____

This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

Hampton County is an equal opportunity employer.