

EDUCATION AND TRAINING

| <u>SCHOOL</u> | <u>NAME/ADDRESS</u> | <u>COMPLETED</u> | <u>DIPLOMA/DEGREE</u> | <u>COURSES</u> |
|---|---------------------|------------------|-----------------------|----------------|
| Elementary | _____ | 1 2 3 4 5 6 7 8 | _____ | _____ |
| High | _____ | 9 10 11 12 | _____ | _____ |
| College | _____ | 1 2 3 4 | _____ | _____ |
| Graduate | _____ | 1 2 3 4 | _____ | _____ |
| Other | _____ | | | |
| High School Equivalency Test: Date Passed | | _____ | State Awarded | _____ |

MILITARY RECORD

Have you ever been in the U. S. Armed Forces? Y _____ N _____ If yes what branch? _____
Date of duty: From _____ To _____ Rank at Discharge _____

EMPLOYMENT HISTORY

List your entire employment history beginning with your most recent employment; account for periods of unemployment. Attach additional sheets if necessary. May we contact your present employer for a reference? Y _____ N _____

| <u>FROM</u> | <u>TO</u> | <u>NAME/ADDRESS OF EMPLOYER</u> | <u>DUTIES</u> | <u>ANNUAL SALARY</u> | <u>REASON FOR LEAVING</u> |
|-------------|-----------|---------------------------------|---------------|----------------------|---------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

PERSONAL REFERENCES

List below three (3) responsible persons (not former employers or relatives) who have known you for at least five (5) years and will serve as a reference for you.

| <u>NAME</u> | <u>ADDRESS</u> | <u>PHONE</u> | <u>OCCUPATION</u> |
|-------------|----------------|--------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PHYSICAL EXAMINATION

I understand that I may be asked to undergo a physical examination in connection with this application which will be provided by the County physician at no expense to me. I further understand that the physical examination will include a test for drug dependency or use and I do hereby consent to such a test.

I hereby certify that the answers given by me to the above questions are true to the best of my knowledge. I understand that any falsification or misrepresentation may result in my being disqualified from consideration or dismissed from the classified service.

Applicant's Signature Date

Parent's Signature if Applicant is under age 17

COUNTY OF GREENWOOD'S RECORD INQUIRY

I hereby authorize and request the Greenwood County Personnel Department, 600 Monument Street, Greenwood, South Carolina to obtain any police records, including the records of arrest, police reports, accident reports and records of convictions including both misdemeanor and felonies, for the purpose of employment. I understand that giving of this authorization and release of this information is a condition of employment and any applicant who does not execute this release shall not be hired or if hired shall not be retained in employment.

In consideration of such disclosure on the part of the above named persons or institutions, I hereby release them from all and any liability arising therefrom and do relinquish and waive any claim or right I might have against them arising from such disclosure and copying.

Signature Date Witness

TO: _____

Any person, organization or agency having knowledge of my conduct or activities; or any past or present employer; or any credit bureau, retail merchants association, bank, financial institution or any other credit extending organization; or any dean, registrar, principal, counselor, instructor or other authorized person at a school (university, college, high school, trade school, or other); or any doctor, hospital, clinic or sanitarium; or any department or agency for City, County, or State Government, or of the Federal Government.

I, _____ hereby authorize
Name (type or print)

Greenwood County to conduct an appropriate check including, but not limited to, Personal interviews for determination of my eligibility to occupy a position of trust in maintaining the public health and safety, I authorize all persons who may have Information relevant to this check to disclose it to Greenwood County or its agents, and I release all persons from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Signature: _____

Date: _____

Address: _____

Social Security Number: _____

Driver's License Number: _____