

# ORANGEBURG COUNTY DISABILITIES & SPECIAL NEEDS BOARD

Post Office Box 1812 – 2785 Magnolia, N.E.  
Orangeburg, SC 29118 (803) 536-1170

## APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability. Accommodations will be made for individuals with disabilities in accordance with guidelines under the ADA. Applications will be held in an active file for the remainder of the calendar month and the following month from date of application.

**POSITION APPLYING FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### PERSONAL INFORMATION

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PHONE NUMBER: \_\_\_\_\_

Are you 18 years or older?  Yes  No

IF HIRED, CAN YOU GIVE WRITTEN PROOF OF YOUR RIGHT TO LAWFULLY BE EMPLOYED IN THE UNITED STATES:

\_\_\_\_\_  
(Proof of citizenship or immigration status may be required if hired.)

### LEVEL OF HIGHEST ACADEMIC ACHIEVEMENT:

Grade 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 AREA OF MAJOR STUDY: \_\_\_\_\_  
(Circle last grade completed)

LAST SCHOOL ATTENDED: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A FELONY OR OTHER CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN FULLY HERE: \_\_\_\_\_

(A YES ANSWER WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT; THE SERIOUSNESS OF THE CRIME AND DATE OF CONVICTION WILL BE CONSIDERED.)

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

ARE YOU AVAILABLE TO WORK: Fulltime \_\_\_\_\_ Part-time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary \_\_\_\_\_ Saturday, if necessary \_\_\_\_\_

HAVE YOU EVER BEEN DISCIPLINED OR FIRED? \_\_\_\_\_ WHY? \_\_\_\_\_

LIST PROFESSIONAL, CIVIC OR BUSINESS ACTIVITIES OR OFFICES HELD. (DO NOT list those which indicate race, color, religion, sex or national origin.) \_\_\_\_\_

REFERENCES: Give three references who are not related to you and who are not previous employers:			
NAME	ADDRESS	PHONE #	YRS ACQUAINTED

I certify that all answers herein given are true and accurate to the best of my knowledge and authorize OCDSNB to investigate them as necessary in arriving at an employment decision. I hereby authorize OCDSNB to contact former employers to obtain any and all information related to my past work performance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

<b>FORMER EMPLOYERS: (Start with your present or last job. Include military service assignments.)</b>					
<b>DATE (MONTH/YEAR)</b>	<b>NAME AND ADDRESS OF EMPLOYER</b>	<b>SALARY</b>	<b>POSITION</b>	<b>SUPERVISOR</b>	<b>REASON FOR LEAVING</b>
<b>FROM:</b>					
<b>TO:</b>					
<b>FROM:</b>					
<b>TO:</b>					

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience (including volunteer activities).

**APPLICATION VERIFICATION FORM**

ORANGEBURG COUNTY DISABILITIES & SPECIAL NEEDS BOARD is an equal opportunity employer and selects the best matched individual for the job based upon job-related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact on my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that OCDSNB will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by OCDSNB and I release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal. I certify that I have never been involved in a substantiated case of abuse or neglect of any person(s).
3. I agree that my employment may be terminated by this organization at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to the search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job I am being considered for prior to employment or in the future during my employment with OCDSNB.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I, the undersigned, understand that a fee is charged by the SC Law Enforcement Division and SC Department of Public Safety for obtaining a copy of my background check and driving record. This fee is the responsibility of the applicant. The perspective employee may pay said fee of \$14.00 at the time of application or may have said fee withheld from his/her first paycheck. **(NO EXCEPTIONS).**

I understand that if I am employed, such employment is NOT a contract of employment. Our personnel policies are subject to change at any time by the Orangeburg County Disabilities & Special Needs Board. Notwithstanding the provisions of this application or of any personnel policy, all employees of the Orangeburg County Disabilities and Special Needs Board are "employees-at-will" who may quit at any time for any or no reason and who may be terminated at any time for any or no reason.

I have read and understand the above.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**PLEASE sign, print your name and date the (3) forms below. (FOR REFERENCE CHECKS)**

### **REFERENCE CONSENT FORM**

I do hereby authorize OCDSNB to verify any representations made by me, either oral or written, concerning my application for a position at OCDSNB. Further, I hold harmless any individual or firm for any information that it may provide. I understand that OCDSNB may contact individuals or organizations other than those I have provided as references in this process. In addition, OCDSNB has my consent to discuss with individuals or organizations other information which it feels may be pertinent to my application for this position.

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Signature

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Name (Print)

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Date

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Signature

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Name (Print)

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Signature

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Name (Print)

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Date

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