



www.andersoncountysc.org

Anderson County
Human Resources Department
101 South Main Street
Anderson, SC 29621
(864) -260-4000

ANDERSON COUNTY GOVERNMENT APPLICATION FOR EMPLOYMENT

RETURN TO HUMAN RESOURCES: By Mail, PO Box 8002, Anderson, SC 29622 OR Anderson County, 101 S. Main St., Anderson, SC 29621 Email: jobs@andersoncountysc.org

Position applied for: _____ Date available to start work: _____

Name: _____ Social Security #: _____
Last First Middle Initial Last four

Present Address: _____
No. Street City State Zip Code

Telephone #: _____ Are you age 18 or Older? Yes ☐ No ☐ Email: _____

Are you a US Citizen? Yes ☐ No ☐ If no, list documents which demonstrate your right to work in the U.S.: _____

Do you have a valid Driver's License? Yes ☐ No ☐ State: _____ # _____ Class: _____ CDL License? Yes ☐ No ☐

Have you ever worked for Anderson County Gov.? Yes ☐ No ☐ If yes, Dept.: _____

Do you have relatives working for Anderson County? Yes ☐ No ☐ _____
Name Relationship Dept.

List any equipment, machines, or other skills, qualifications or certifications related to the position for which you are applying: _____

Are you currently in default on student loans? Yes ☐ No ☐

***State law (59-111-50) prohibits employment with the County to people who have defaulted on certain student loans, unless they can prove satisfactory arrangements have been made for repayment.

Have you ever been convicted of or plead guilty or no contest to any crime, other than minor traffic offenses? Yes ☐ No ☐
If yes, describe in full:

Notice: Failure to disclose all requested criminal record information on your application will result in refusal of employment or discharge if you have already been employed. The nature of any criminal record will be considered in relation to any jobs for which you are applying and will not necessarily keep you from being hired.

EMPLOYMENT RECORD: List present or last employer first. (To document additional employment, please record on plain paper and attach to employment application. Attach resume if desired.)

Employer: _____ Phone #: _____ Employment Dates: _____ / _____
From To

Address: _____
No. Street City State Zip Code

Position: _____ Salary: _____ May we contact? Yes ☐ No ☐

Responsibilities: _____

Reason for Leaving: _____ Supervisor: _____



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Responsibilities: _____

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Employer: _____ Phone #: _____ Employment Dates: _____
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Address: _____
No. Street City State Zip Code

Position: _____ Salary: _____ May we contact? Yes ☐ No ☐

Responsibilities: _____

Reason for Leaving: _____ Supervisor: _____

EDUCATION:

<u>Name/Address of School</u>	<u>Major/Minor</u>	<u>Graduated</u>
High School: _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Technical Education: _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
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College: _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Were you in the Armed Forces? Yes ☐ No ☐ Dates of Service: _____ / _____

List three references who are not relatives or former employers:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE COUNTY. THE DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE COUNTY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

Anderson County is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender except where gender is a bona fide occupational qualification, sexual orientation, marital status, disability or handicap. Further, Anderson County offers equal opportunity to veterans of any status, including veterans of the Vietnam Era.

If employed, I agree to comply with the rules and regulations of Anderson County. I affirm that all statements and answers are true and correct to the best of my knowledge and that I have no knowingly withheld any information that would affect this application unfavorably. I authorize Anderson County to conduct a necessary and reasonable investigation with respect to my application and release this County, my former employers, and personal references from any liability and damage caused by giving and receiving information or opinions as to my employment or character. It is understood that any false statements may be considered for rejection or dismissal if employed.

I agree to have a medical examination at County expense, now or in the future, which may include testing for alcohol, drugs and communicable diseases.

It is understood that this application will remain active for consideration for 90 days

Date: _____ Signature: _____



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PRE-EMPLOYMENT INFORMATION FORM

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, creed, religion, ancestry, age, gender except where gender is a bona fide occupational qualification, sexual orientation, marital status, disability or veterans of any status. To help us comply with Federal/State equal employment opportunity, record keeping, reporting and other legal requirements, please answer the questions below. This Pre-Employment Information will be kept in a **Confidential File** separate from the attached application for employment.

Position applied for: _____

Name: _____ Phone: _____

Address: _____

Sex: Male ☐ Female ☐

Race/Ethnic Group: White Black ☐ Hispanic ☐ Other ☐

☐ Veteran ☐

The Family Independence Act of 1995 requires that all FI recipients register with the Employment Security Commission. Please note if you are receiving EBT and/or a FI stipend.



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ANDERSON COUNTY CONSENT *FOR RELEASE OF INFORMATION*

To Whom It May Concern:

As an employee of Anderson County Government or an applicant for a position with Anderson County Government, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military and police records to ascertain any and all information, which may be pertinent to my employment qualifications.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

Employee/Candidate's Name: _____

Maiden Name (If applicable): _____

Driver's License Number: _____ State: _____

Address: _____

Signature: _____ Date: _____