

Employment History

I

| Name and Address of Company and Type of Business | From | | To | | Annual Starting Salary | Annual Last Salary | Reason for Leaving | Name of Supervisor |
|--|----------------------------------|-----|-----|-----|------------------------|--------------------|--------------------|--------------------|
| | Mo. | Yr. | Mo. | Yr. | | | | |
| | | | | | | | | |
| | Describe the work you did: _____ | | | | | | | |
| Telephone | _____ | | | | | | | |

II

| Name and Address of Company and Type of Business | From | | To | | Annual Starting Salary | Annual Last Salary | Reason for Leaving | Name of Supervisor |
|--|----------------------------------|-----|-----|-----|------------------------|--------------------|--------------------|--------------------|
| | Mo. | Yr. | Mo. | Yr. | | | | |
| | | | | | | | | |
| | Describe the work you did: _____ | | | | | | | |
| Telephone | _____ | | | | | | | |

III

| Name and Address of Company and Type of Business | From | | To | | Annual Starting Salary | Annual Last Salary | Reason for Leaving | Name of Supervisor |
|--|----------------------------------|-----|-----|-----|------------------------|--------------------|--------------------|--------------------|
| | Mo. | Yr. | Mo. | Yr. | | | | |
| | | | | | | | | |
| | Describe the work you did: _____ | | | | | | | |
| Telephone | _____ | | | | | | | |

If more space is needed, attach additional sheets in the same format, including your name, Social Security number and signature.

PERSONAL REFERENCES (Not Former Employers or Relatives)

| Name and Occupation | Address | Phone Number |
|---------------------|---------|--------------|
| | | |
| | | |
| | | |

I give the right to my employer, persons, references, organizations, and previous employers to provide any relevant information that may be required to arrive at an employment decision.

Signed _____

If there is a particular employer(s), reference or organization, you do not wish us to contact, please indicate which one(s).

Skills:

Typing: Yes _____ wpm
 Shorthand: Yes _____ wpm Personal
 WordProcessing: Yes _____ wpm
 Dictophone: Yes
 Data Entry: Yes

List other office equipment operated:

No _____
 No _____
 No _____

Educational Background

RECORD OF EDUCATION

| School | Name and Address of School | Course of Study | Check Last Year Completed | | | | Did You Graduate? | List Diploma or Degree |
|-----------------|----------------------------|-----------------|---------------------------|----|----|----|---|------------------------|
| | | | 9 | 10 | 11 | 12 | | |
| High | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | | | | |
| | | | | | | | | |
| College | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | | | | |
| | | | | | | | | |
| Other (Specify) | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | | | | |
| | | | | | | | | |

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? _____

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

| ORGANIZATION | OFFICES HELD |
|--------------|--------------|
| | |
| | |
| | |

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.) _____

List any additional information you would like us to consider, such as related seminars, courses or workshops you have attended.

- Voluntary Applicant Data Survey

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

Date _____ / _____ / _____

POSITION(S) APPLIED FOR _____

REFERRAL SOURCE

ADVERTISEMENT EMPLOYEE RELATIVE WALK-IN SCHOOL GOVERNMENT EMPLOYMENT AGENCY.

PRIVATE EMPLOYMENT AGENCY RADIO TV OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

APPLICANT'S NAME _____ ()
LAST FIRST MIDDLE AREA CODE PHONE

ADDRESS _____
STREET CITY STATE ZIP CODE

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE _____ MALE FEMALE

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUPS

HISPANIC BLACK WHITE AMERICAN INDIAN/ALASKAN NATIVE ASIAN/PACIFIC ISLANDER

CHECK IF THE FOLLOWING IS APPLICABLE

VIETNAM ERA VETERAN

It is understood and agreed that any misrepresentation or our mission of material information by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to

The Employer is an equal opportunity employer and is committed to providing equal opportunity in its personnel actions. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

The use of this application does not indicate that there are any positions available and in no way obligates Florence County. A separate application is required for each position you desire consideration.

It is FLORENCE COUNTY'S policy not to employ individuals who use any illegal drugs or prescription drugs without a medical prescription, in any amount and regardless of frequency or occasion. To ensure that this policy is enforced, I will be required to take a drug screening test if I am considered for a job offer. I further agree that while employed by FLORENCE COUNTY, I will consent to drug and alcohol testing in accordance with COUNTY policy. In addition to the drug screening test, I may be required to

I agree to and authorize the Employer to conduct a criminal background investigation as a part of the application process. I also agree to and authorize the Employer to obtain information from credit bureaus as part of the application process for position s.

NOT A CONTRACT

Signature of Applicant _____ Date _____

NOT A CONTRACT

| DO NOT COMPLETE UNLESS APPLYING FOR LAW ENFORCEMENT POSITION | | |
|--|---------|----------|
| POSITION | DATE OF | COMMENTS |
| | | |

Reason Not Hired: Education Experience License or Certification Reference or Background Information (Describe):

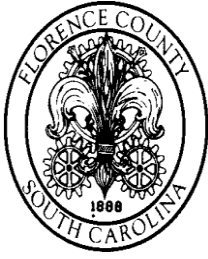
Previous Employment Experience Interview Other (Describe):

FOR TEST ADMINISTRATOR'S USE

| TESTS ADMINISTERED | DATE | RAW SCORE | RATIN | COMMENTS AND INTERPRETATION |
|--------------------|------|-----------|-------|-----------------------------|
| | | | | |
| | | | | |

REFERENCE CHECK

| *Position | RESULTS OF REFERENCE CHECK | *Position Number | RESULTS OF REFERENCE CHECK |
|-----------|----------------------------|------------------|----------------------------|
| I | | IV | |
| II | | | |
| III | | | |



Florence County
Personnel Office
City-County Complex
180 N. Irby St., MSC-S
Florence, SC 29501

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____