

**HORRY COUNTY GOVERNMENT
HUMAN RESOURCES DEPARTMENT
P.O BOX 997
CONWAY, SC 29528-0997
phone: (843) 915-5230 fax: (843) 915-6230**

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Name: _____ Social Security No. _____
First Middle Last

Mailing Address: _____
Street P.O. Box /Apt. # City State Zip Code

Telephone: (Home) _____ (Work) _____ May we call you at work? YES NO

Do you presently have relatives employed with Horry County? YES NO

If yes, name and department where employed _____

In case of emergency, please contact _____ at Telephone Number: () _____

Are you authorized to work in the United States? YES NO

Have you ever been convicted of a crime other than minor traffic violations? YES NO

A yes answer to this question will not necessarily bar you from employment.

If yes, charge(s) _____ where convicted _____

date(s) _____ disposition or current status _____

EMPLOYMENT STATUS

Position applied for _____

Is there a minimum salary you will accept? YES NO If yes, \$ _____ per _____

Earliest date you could begin work (Month) _____ (Day) _____ (Year) _____

EDUCATION AND SKILLS

Starting with high school, provide the complete information on all schools attended. Include special courses or trade school.

NAME & LOCATION OF SCHOOL	DATES OF ATTENDANCE		COMPLETED CREDIT HOURS		GRADUATE		NAME OF DEGREE/CERT	MAJOR/ MINOR
	FROM	TO	SEM.	QTR	YES	NO		
HIGH SCHOOL/GED								
TEC/COLLEGE								
OTHER								

List any other job-related skills you possess

Do you possess a valid Driver's License (Answer only if required for position) YES NO License # _____ State of Issue _____

Do you possess a valid CDL (Answer only if required for position) YES NO

HORRY COUNTY GOVERNMENT REQUIRES A PRE-EMPLOYMENT PHYSICAL, INCLUDING A DRUG TEST. HORRY COUNTY GOVERNMENT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, OR DISABILITY

EMPLOYMENT RECORD

List jobs in reverse order starting with your present job. List your entire work history including volunteer, part-time, temporary, self-employment, and military jobs. List promotion as a separate job. This section must be accurate and complete. If more space is needed, attach additional sheets in the same format, including your name, social security number, and signature.

1. Employer: _____ Address: _____
From Mo/Yr. _____ To Mo/Yr. _____ Hrs. Per Week: _____ Your Title: _____
Last Salary: \$ _____ Supervisor: _____ May We Contact? YES NO Phone: _____
Name on Employment Records if Different From Present Name: _____
Reason for Leaving: _____
Duties: _____

2. Employer: _____ Address: _____
From Mo/Yr. _____ To Mo/Yr. _____ Hrs. Per Week: _____ Your Title: _____
Last Salary: \$ _____ Supervisor: _____ May We Contact? YES NO Phone: _____
Name on Employment Records if Different From Present Name: _____
Reason for Leaving: _____
Duties: _____

3. Employer: _____ Address: _____
From Mo/Yr. _____ To Mo/Yr. _____ Hrs. Per Week: _____ Your Title: _____
Last Salary: \$ _____ Supervisor: _____ May We Contact? YES NO Phone: _____
Name on Employment Records if Different From Present Name: _____
Reason for Leaving: _____
Duties: _____

4. Employer: _____ Address: _____
From Mo/Yr. _____ To Mo/Yr. _____ Hrs. Per Week: _____ Your Title: _____
Last Salary: \$ _____ Supervisor: _____ May We Contact? YES NO Phone: _____
Name on Employment Records if Different From Present Name: _____
Reason for Leaving: _____
Duties: _____

REFERENCES

Give names and addresses of three people, not relatives or former employers, who have known you for at least one year.

NAME	ADDRESS	TEL. NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

NEITHER THIS APPLICATION NOR AN INTERVIEW CONSTITUTES A CONTRACT OF EMPLOYMENT AND, IF HIRED, ALL EMPLOYEES OF THE COUNTY ARE EMPLOYEES-AT-WILL WHO MAY QUIT AT ANY TIME FOR ANY OR NO REASON AND MAY BE TERMINATED AT ANY TIME FOR ANY OR NO REASON.

CERTIFICATION OF APPLICANT

I affirm, agree, and/or understand that all statements on this form are true and accurate and any misrepresentation or omission of facts may result in my disqualification for consideration for the position applied for or my discharge from the position should I already be employed. I understand you may inquire into my background and conduct a fingerprint check. If I have requested herein that my employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

SIGNATURE _____ **DATE** _____