

SPARTANBURG COUNTY
EMPLOYMENT APPLICATION

Spartanburg County is an equal employment opportunity employer, and makes all employment decisions without regard to disability, handicap, race, color, religion, sex, veteran's status, national origin, citizenship or age. Opportunity for employment with Spartanburg County depends on qualification: and performance.

DATE _____

SOCIAL SECURITY NO.

Mr
Mrs
NAME: Miss

(LAST)

(FIRST)

(Middle or Maiden Name -
if used on any work or
school records)

ADDRESS _____

(STREET ADDRESS/ROUTE)

(P.O. BOX)

(APT. NUMBER)

(CITY/COUNTY)

(STATE)

(ZIP CODE)

TELEPHONE _____

(HOME PHONE)

(BUSINESS PHONE)

May we call you at work?
YES _____ NO _____

Are you 18 years of age or older? Yes No

Are you 21 years of age or older? Yes No

POSITION APPLIED FOR _____ SALARY EXPECTED _____

REFERRAL SOURCE. Advertisement Friend Other _____

DO YOU WANT TO WORK? Fulltime Parttime On Shifts _____

HAVE YOU EVER WORKED FOR SPARTANBURG COUNTY BEFORE? _____ IF YES, WHEN? _____

IF HIRED, ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK? _____

HAVE YOU EVER BEEN BONDED? Yes No If so, for what job? _____

ARE YOU A VETERAN? Yes No If yes, what branch of military service? _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Year Completed				Name of Degree or Certifying	Major/Minor
Elementary			5	6	7	8		
High			1	2	3	4		
College			1	2	3	4		
Other (specify)								

CHECK (IF APPLICABLE) CERTIFICATION, LICENSING, APPRENTICESHIP, OR EXPERIENCE:

CLERICAL SKILLS:

- ADDING MACHINE
 CALCULATOR
 TYPING SPEED _____
 SHORTHAND SPEED _____
 COMPUTER
 ACCOUNTING

COMPLETION OF SC CRIMINAL JUSTICE

VALID SC DRIVER'S LICENSE
 VALID COMMERCIAL DRIVER'S LICENSE (CDL)
 CDL License Class _____

JOURNEYMAN'S CERTIFICATION:

- PLUMBING
 HVAC
 ELECTRICAL

CDL Endorsements:

 CDL Restrictions: _____

Describe any specialized skills or training that may be applicable to positions for which you are qualified:

OTHER LICENSE OR CERTIFICATIONS: _____

ARE YOU RELATED TO ANYONE EMPLOYED BY SPARTANBURG COUNTY?

NAME	RELATIONSHIP	DEPARTMENT

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME	ADDRESS	TELEPHONE NUMBER

Have you been convicted of a crime other than minor traffic violations?	YES <input type="checkbox"/> NO <input type="checkbox"/>	NOTE: A "yes" answer to this question will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.
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IF YES:	Charge(s)	Where Convicted	Date	Disposition or Current Status

PERSONAL REFERENCES (Not former employers or relatives)

Name and Occupation	Address	Phone Number

I hereby certify that the facts in this application are true and accurate and that any misrepresentation or omission of facts may result in my being disqualified or my being discharged. You are hereby authorized to make any investigation of my personal employment, financial or medical history or any other related matters considered necessary.

Date _____ Applicant's Signature _____

APPLICANT NOTICE OF DRUG ABUSE SCREENING

Spartanburg County has approved and administers an Alcohol and Drug Abuse Policy for all county employees and applicants. Compliance with this policy is a condition of employment.

Every offer of employment is conditioned upon the applicant successfully completing a post-offer medical examination which includes an urinalysis test to detect illegal substance use. If an applicant's initial urinalysis test is positive, a confirmation test will be conducted on the same specimen to rule out false-positives. If the confirmation test is positive, the applicant will be advised that he/she did not successfully complete the urinalysis test. A tampered specimen is regarded the same as a positive specimen. Before an applicant can be reconsidered for any position with Spartanburg County government, he/she must receive professional evaluation which may include a rehabilitation program at a facility approved by the county at the applicant's expense.

AT-WILL EMPLOYMENT DISCLAIMER

The contents of this application are not intended to create a contract between the county and any employee. Nothing in the application binds the county or any employee to any specific or definite period of employment, or to any specific procedures, policies, guidelines, ruin, or terms and conditions of employment. As an employee, you are completely free to leave the county at any time you choose, and the county has the same right to end the employment relationship.

I have read and/or been explained and I understand the above statement

Applicant's Signature

Personnel Director/Designee

Additional Comments:



South Carolina Department of Motor Vehicles

MV-70
(Rev. 2/06)

Request for Driver Information

PART 1

Part 1 must be completed before information listed on Parts 2 (single request) or 3 (multiple requests) will be released. Check the boxes of permissible uses that apply to you under Federal Law (18 USC, Chapter 123). Persons submitting this form to obtain someone else's record should read the Federal law before signing. See Part 3 of this form for how to find a copy of the law.

Under Federal Law, driver personal information may be obtained only for certain uses. The following is a short version of permissible uses:

- 1. For use by any government agency in carrying out its functions.
- 2. For a business to verify the accuracy of personal information previously provided to the business.
- 3. To use in any court proceeding, or investigation in anticipation of litigation.
- 4. For research and statistical purposes so long as the personal information is not published, redisclosed, or used to contact individuals. (Such requests are processed only in Blythewood DMV Headquarters. See special instructions on back of this form.)
- 5. For use by an insurer for claims investigations, rating and underwriting.
- 6. For use by an employer or their insurer to verify commercial driver license information.
- 7. For any other use by the driver or by written consent of the driver. (See "Consent" in Part 2.)

Under penalty of perjury, I state that I am entitled to receive and use this information as permitted under the Driver's Privacy Protection Act of 1994 (18 USC, Chapter 123 as amended). I further acknowledge that if I misuse this information or give it to someone who uses it for an unauthorized purpose, I may be subject to Federal criminal law as well as a civil lawsuit where the minimum award is \$5,000.00.

Spartanburg County Government

Print Name of Person/Business Requesting Information

Date

PO Box 5666, Spartanburg, SC 29304

Address of Person/Business Requesting Information

Terry Booker

Print Name of Person Receiving Information

Terry Booker
Signature of Person Receiving Information

PART 2 - To be used to obtain information on a single driver.

Name

DL/BP/ID # (if available)

Date of Birth

Information Requested: DMV License Check

CONSENT: (only needed if Box 7 of Part 1 is checked)

I, _____, give consent for the release of my personal information to
Print name of Driver
the person shown above.

Signature of Driver

Date

REQUIRED FEES FOR EACH SEPARATE DOCUMENT:

Copy of MVR	\$ 6.00
Copy of Ticket/Suspension Notices	\$ 6.00
Other related documents	\$ 6.00

MAIL TO:

Alternative Media
P.O. Box 1498
Blythewood, SC 29016-0035

Make check or money order payable to: S C Department of Motor Vehicles. (NO CASH ACCEPTED)

OFFICE USE ONLY

Identification presented by person receiving information	Office Code	Employee Processing Request	Date
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**SPARTANBURG COUNTY SHERIFF'S OFFICE
POST OFFICE BOX 771
SPARTANBURG, SOUTH CAROLINA 29304-0771**

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number to correspond with the question. Application must be accompanied by a Xerox copy of Diploma, Birth Certificate, Driver's License, and Photo. Also, Military Discharge and Form DD214.

CHECK POSITION APPLIED FOR:

- Deputy Telecommunicator Records Clerk Secretary
 Reserve Other Full-time Part-time

A. FULL NAME

Last: _____ First: _____ Middle: _____

TELEPHONE:

Residence: () _____ Business: () _____

B. LIST ALL OTHER NAMES YOU HAVE USED, INCLUDING NICKNAME: _____

If female, furnish maiden name. If you have ever used any surnames other than your true name during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place and court.

Date: _____ Place: _____ Court: _____

Date of Birth: _____ Place of Birth: _____

C. COMPLETE ADDRESS to which you wish mail or telegram sent (include zip code and telephone number, if different from attached application.)

ADDRESS / PHONE #: _____

D. LIST CHRONOLOGICAL ALL OF YOUR RESIDENCES in the past 18 years (including addresses while attending school if away from home and all military addresses including any off military base.)

FROM	TO	ADDRESS	CITY	STATE

E. HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH SPARTANBURG COUNTY SHERIFF'S OFFICE?

- Yes. If so, for what position and date _____
 No.

F. ARE YOU A REGISTERED VOTER OF SPARTANBURG COUNTY?

Yes No S.C. Voter Registration No.: _____

G. ARE YOU A LICENSED AUTOMOBILE OPERATOR? () Yes () No

State(s): _____ Driver's License: _____

H. ARE YOU A U.S. CITIZEN? () Yes () No

Naturalized () Derivative () Place of Birth: _____

Naturalization # _____ Place: _____ Court: _____

Explain derivative citizenship: _____

I. WERE YOU EVER DISMISSED FROM A SCHOOL, OR WAS ANY DISCIPLINARY ACTION INCLUDING SCHOLASTIC PROBATION EVER TAKEN AGAINST YOU DURING YOUR SCHOLASTIC CAREER?

() Yes () No School: _____ Date: _____

TYPE OF ACTION: _____

J. LIST AWARDS, HONORS, CITATIONS, POSITIONS held in school organizations, athletic endeavors and any other special recognition you received while attending school.

K. LIST ANY SPECIAL ABILITIES, INTERESTS, SPORTS OR HOBBIES, with degree of proficiency.

L. INDICATE YOUR PROFICIENCY IN EACH PHASE OF FOREIGN LANGUAGE listed as "slight", "good", "fluent".

Name of Language	Speak	Understand	Read	Write

M. ARE YOU A MEMBER OF THE BAR? () Yes () No

Date(s): _____ State(s): _____

N. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN from any employment or position you have held?

() Yes () No

If yes, explain: Employer's Name: _____ Date: _____

O. ARE YOU NOW OR HAVE YOU EVERY BEEN EMPLOYED BY AN AGENCY OR FEDERAL, STATE OR LOCAL GOVERNMENT? (Include part-time employment) () Yes () No

From: _____ To: _____ Agency: _____ Location: _____

MILITARY RECORD

P. ARE YOU REGISTERED FOR SELECTIVE SERVICE? () Yes () No

Selective Service

No: _____

LOCAL BOARD NO.: _____ CITY: _____ STATE: _____

a) What is your current classification? _____

- b) Have you received any notice indicating you may be called into the Armed Forces in the near future?
 Yes No If so, give approximate date: _____
- c) If classified I-Y (Registrant qualified for Military Service only in time of war or national emergency) or 4-F (Registrant not qualified for any military service), furnish reasons. _____
- d) Have you ever served on Active Duty in the Armed Forces of the United States? Yes No
 Highest Rank attained: _____
- e) Branch of military service: _____ Serial #: _____
- f) Dates of Active Duty (Month/Day/Year): From: _____ To: _____
- g) Type of Discharge and basis for discharge: _____
- h) Member of Reserves? Yes No Ready Standby
 Service Branch: (Present) _____ (Former) _____
 If you attend drills, meetings or camps, give name of unit and location:
 Unit: _____ Location: _____
- i) Was any type of disciplinary action taken against you in the service?
 Yes No If yes, nature of action: _____
- j) Have you ever served in the Armed Forces of a Foreign Country?
 Yes No If yes, specify countries/date(s): _____

COURT RECORD

Q. HAVE YOU EVER BEEN CONVICTED of any violation other than a minor traffic violation?

Yes No

List all such matters even if not formally charged, or no court appearance or found not guilty or matter settled by payment of fine or forfeiture of collateral.

DATE	PLACE	CHARGE	FINAL DISPOSITION	DETAILS

a) Have you ever been a plaintiff or defendant in a court action, including divorce?

Yes No If yes, give date, place, court, names of parties involved, nature of action and final disposition:

R. ARE YOU NOW AN ACTIVE MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST OR FASCIST ORGANIZATION? Yes No

S.

RELATIVES

(This information must be completed. Add additional page if necessary.)

NAME	RELATIONSHIP	DOB	PLACE OF BIRTH	ADDRESS & PHONE NUMBER
	Mother			
	Father			
	Brother			
	Brother			
	Sister			
	Sister			
	Spouse			
	Children			
	Children			

GIVE REASON FOR REQUESTING EMPLOYMENT WITH THE SPARTANBURG COUNTY SHERIFF'S OFFICE.

I UNDERSTAND THAT ALL APPOINTMENTS are probationary for a period of one year, during which I must demonstrate my fitness for continued employment by the Spartanburg County Sheriff's Office.

I FURTHER UNDERSTAND that any appointment tendered will be contingent upon the result of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal by the Spartanburg County Sheriff's Office.

I AGREE TO THOSE CONDITIONS and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ **DATE:** _____
(Do not use nickname)

PRINT FULL NAME

IMPERATIVE: ALL QUESTIONS MUST BE ANSWERED (or N/A, if not applicable)