



RICHLAND/LEXINGTON DISABILITIES AND SPECIAL NEEDS BOARD

APPLICATION FOR EMPLOYMENT (Print in Ink or Type)

Richland/Lexington DSN Board is an Equal Opportunity Employer.

Please Check: Full Time

 Part Time

 Other

Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin or handicap.

Indicate hours available: _____

Type of work preferred: _____

Date available to begin work: _____

This application will remain current for 6 months.

 Last Name First Middle Date

Telephone Number: _____ Email Address: _____

 Present Mailing Address (No., Street, City or Town, State or Province, Zip Code)

Ever applied with Richland/Lexington DSN Board Yes No; When _____ Where _____

Ever employed by Richland/Lexington DSN Board Yes No; When _____ Where _____

Date left _____; Name at Termination _____

EDUCATION:

	Name and Location of School	Did you Graduate	Major	Degree
Graduate School				
College or University				
High or Preparatory				
Other (Business, Trade, etc.)				

Are you at least 18 years old? Yes No

Are you a citizen of the U.S.A.? Yes No

If No, are you eligible to legally work in the United States? Yes No If Yes what kind of authorization to work do you have? _____

Do you have reliable transportation? Yes No

EMPLOYMENT: (List present or most recent employer first:)

1. _____ Telephone Number _____
Company Name
_____ From _____ To _____
Address Dates of Employment
_____ Immediate Supervisor _____ Salary _____
State Job Title and Describe Principal Duties: _____
_____ Reason for Leaving: _____

2. _____ Telephone Number _____
Company Name
_____ From _____ To _____
Address Dates of Employment
_____ Immediate Supervisor _____ Salary _____
State Job Title and Describe Principal Duties: _____
_____ Reason for Leaving: _____

3. _____ Telephone Number _____
Company Name
_____ From _____ To _____
Address Dates of Employment
_____ Immediate Supervisor _____ Salary _____
State Job Title and Describe Principal Duties: _____
_____ Reason for Leaving: _____

How did you come to Richland/Lexington DSN Board for employment?

Individual Referred Me: Name: _____

Private Employment Agency: Name: _____

State Employment Service Advertisement Newspaper Other – Specify _____

Social Agency: Name: _____

Other; (Explain): _____



REFERENCES: List below three individuals (not relatives) who know your character, ability, experience.

Name	Profession	Phone Number	Address
1.			
2.			
3.			

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and employees of the Richland/Lexington Disabilities and Special Needs Board and State of South Carolina, which may include, but not be limited to information concerning my past and present work; including my official personnel files; attendance records, evaluations, education records including transcripts, military service, law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and employees of the Richland/Lexington Disabilities and Special Needs Board and State to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organizations, and all third parties from any and all claim of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application or employment.

Signature

Date

Print

I understand that:

1. In consideration of my employment, I agree to conform to the rules and regulations of Richland/Lexington DSN Board. **I understand that Richland/Lexington DSN Board is an employer at will, which means that my employment and my compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Richland/Lexington DSN Board or me. I understand that no representative of Richland/Lexington DSN Board, other than the Executive Director, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.**
2. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Richland/Lexington DSN Board and myself for either employment or the providing of any benefits. **This application is not a contract.**
3. I understand that any false answer to statement or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.
4. I hereby give Richland/Lexington DSN Board the right to make a thorough investigation of my past employment, education, and activities, and I release from all liability all persons, companies, and corporations supplying such information. I will indemnify Richland/Lexington DSN Board against any liability which might result from making such an investigation.
5. Additionally, I understand that agency policies, procedures, handbooks and the like, are not contractual, and may be altered, changed or deviated from by the agency at its sole discretion.
6. Employment is contingent upon the passing of a pre-employment physical examination, if required, and satisfactory background reports.

THIS IS NOT A CONTRACT OF EMPLOYMENT. EMPLOYMENT REMAINS AT-WILL AND MAY BE TERMINATED BY EITHER PARTY AT ANY TIME, WITH OR WITHOUT NOTICE OR REASON.

I have read and understand the above items.

Signature

Date

Richland/Lexington Disabilities and Special Needs Board

EEO REPORTING AND PERSONNEL RESEARCH

NOT MANDATORY

Note: The information requested in this section is not used to evaluate your application. This information is needed to satisfy Equal Employment Opportunity reporting and personnel research requirements.

SEX: Male RACE: (check one)
 Female White
 Black or African American
 Hispanic or Latino
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Other Pacific Islander
 Two or More Races

Position Applied For: _____

Date of Birth: _____
 (Month) (Day) (Year)

Print Name: _____
 (Last) (First) (M.I.)

Please check the source form which you first learned of this position:

Newspaper Rich/Lex DSNB Employee
Bulletin State Agency
Journal or Magazine Other _____

To be separated from application before consideration for employment