

EDUCATION	Name and Location of School Attended	Years Completed	Diploma/Degree	Course Study
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE				

Describe any specialized training, professional or civic activities, offices or honors:

EMPLOYMENT HISTORY

List below your four most recent employers, starting with your present or last employer.

1- Employer _____
 Address _____
 Telephone _____ Dates of Employment _____
 Job Title _____ Salary _____
 Reason for Leaving _____
 Description of Job Duties _____

2- Employer _____
 Address _____
 Telephone _____ Dates of Employment _____
 Job Title _____ Salary _____
 Reason for Leaving _____
 Description of Job Duties _____

3- Employer _____
 Address _____
 Telephone _____ Dates of Employment _____
 Job Title _____ Salary _____
 Reason for Leaving _____
 Description of Job Duties _____

4- Employer _____
 Address _____
 Telephone _____ Dates of Employment _____
 Job Title _____ Salary _____
 Reason for Leaving _____
 Description of Job Duties _____

Read and Complete the Sections Below:

ABUSE OR NEGLECT STATEMENT:

No person will be eligible for employment with the S.C. Department of Disabilities and Special Needs or its contracted agencies if they have a prior history or conviction of individual or child abuse.

I have never been involved in a substantiated case of abuse or neglect.

Signature

Date

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SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.

Government contractors are subject to 38 USC 2012 of the Vietnam era veterans readjustment act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam era, and section 503 of the rehabilitation act of 1973, as amended, which requires government contractors to take action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Veteran of the U.S. Military Service? _____ **Branch** _____

Handicapped? _____ **Disabled veteran** _____ **Vietnam veteran** _____

Signature

Date

APPLICANT'S STATEMENT AND RELEASE INFORMATION AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge, and I understand that if employed, any misrepresentation or falsehood is cause for separation from service with the Newberry County Disabilities and Special Needs Board.

I understand that this application is not, nor is it intended to be a contract of employment.

As part of my application for employment with the Newberry County Disabilities and Special Needs Board, I hereby authorize the release of employment information to the Board which may be considered in evaluating my qualifications for employment. I release all parties and persons connected with my request for information from liability for furnishing such information.

Signature

Date