Pickens County Board of Disabilities and Special Needs

1308 Griffin Mill Road
Easley, South Carolina 29640

864-859-5416 • Fax: 864-859-1157

Patricia A. Fazekas
Executive Director

Thank you for your interest in applying with our agency. Before you fill the application out, we would like to first inform you of the requirements to become a member of our team:

- Must be at least 18 years' old
- Must have a High School Diploma, GED or pass competency test
- Must possess a valid SC Driver's License

If you meet the requirements for the following please sign, date and return with your application.

Sign: _____ Date: _____

"Employment and services are offered without regard to race, color, creed, national origin, religion, or sex."

Pickens County Board of Disabilities and Special Needs

Application for Employment

(Please Print)

Name_____
Last First Middle

Address_____
Street City State Zip

Home Phone (____) _____ Mobile/Beeper/Other (____) _____

Position(s) applied for_____

E-mail_____ **Date of Application**_____
(Yahoo accounts are not acceptable)

If we are unable to reach you by phone, which would you prefer, leave a message____ or email _____

SSN# _____-_____-_____ Do you have a Driver's License? _____Yes _____ No

DL#_____ **Expiration Date**_____ **State of Issue**_____

Check all that apply: _____ Operator _____Commercial (CDL) _____Chauffeur

Have you ever been convicted of a felony? Yes_____ No _____

If yes, explain: _____

How Did You Hear About Us (Please check the appropriate category and name the source.)

☐ **Walk-in** _____ ☐ **School** _____

☐ **Employee** _____ ☐ **Job Fair** _____

☐ **Advertisement** _____ ☐ **Staffing Agency** _____

☐ **Company Web-site** _____ ☐ **Other Internet** _____

☐ **Governmental Employment Agency** _____

☐ **Other** _____

If necessary, may we contact you at work? Yes_____ No _____

If yes, best time to contact you at work is _____ (am/pm) and the

telephone number is (_____) _____.

If you are under age 18, do you have an employment/age certificate? Yes_____ No _____

Days/Hours Available: *(check all that apply)*

Monday _____ Hours Available: from _____ to _____

Tuesday _____ Hours Available: from _____ to _____

Wednesday _____ Hours Available: from _____ to _____

Thursday _____ Hours Available: from _____ to _____

Friday _____ Hours Available: from _____ to _____

Saturday _____ Hours Available: from _____ to _____

Sunday _____ Hours Available: from _____ to _____

What date are you available to start work? _____

Will you work overtime if required? Yes_____ No _____

Employment desired: Full-time _____ Part-time _____ Either _____

Salary desired: _____

EDUCATION:

Name & Address of School	Degree / Diploma	Graduation Date	No. of Years

Employment History: *(Please list in chronological order starting with the most current. Ask for additional sheets if necessary to list previous employers.)*

Employer: _____ **Address:** _____

Supervisor: _____ **Phone:** (____) _____

Position Title: _____ **From:** ____/____/____ **To:** ____/____/____

Responsibilities: _____

May we contact this employer? Yes_____ **No** _____

Salary: _____ **Reason for leaving:** _____

Employer: _____ **Address:** _____

Supervisor: _____ **Phone:** (____) _____

Position Title: _____ **From:** ____/____/____ **To:** ____/____/____

Responsibilities: _____

May we contact this employer? Yes_____ **No** _____

Salary: _____ **Reason for leaving:** _____

Employer: _____ **Address:** _____

Supervisor: _____ **Phone:** (____) _____

Position Title: _____ **From:** ____/____/____ **To:** ____/____/____

Responsibilities: _____

May we contact this employer? Yes_____ **No** _____

Salary: _____ **Reason for leaving:** _____

List 3 names and phone numbers of people (not relatives) that we can contact for a reference.

1. **Name:** _____ **Phone: (____)** _____

   Relation to you: _____

2. **Name:** _____ **Phone: (____)** _____

   Relation to you: _____

3. **Name:** _____ **Phone: (____)** _____

   Relation to you: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Skills and Qualifications: Licenses, Skills, Training Awards:

_____
_____
_____
_____

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct. I understand that any offer of employment I receive may be contingent on passing a job-related physical examination, and/or satisfactory completion of a background examination.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand this application remains for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless there are in writing and signed by the employer's executive director.

I also understand that if I am hired, I will be required to provide proof to identify and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, full understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

3.26.2024/BD

TO: SC LAW ENFORCEMENT DIVISION

RECORDS SECTION
P.O. BOX 21398
COLUMBIA, SC 29221

FROM: PICKENS COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS

HUMAN RESOURCES
1027 S Pendleton Street, Suite B
Box 12
EASLEY, SC 29642

RE: RECORD CHECK

NAME: _____
(PLEASE PRINT)

AKA AND MAIDEN NAMES: _____

DOB: _____/_____/_____ **SSN:** _____-_____-_____

PRESENT ADDRESS: _____

PREVIOUS ADDRESS: _____

I understand that the above information will be used to conduct a criminal records check and I hereby give my permission for criminal records check to be done through the SOUTH CAROLINA LAW ENFORCEMENT DIVISION or any other law enforcement agency.

SIGNATURE: _____ **DATE:** _____/_____/_____

The records section charges a fee of $8.00 each criminal history record request. Payment shall be made by PCBDSN to SLED and a personal self-addressed envelope is to be enclosed with the request.

Pickens County Board of Disabilities and Special Needs

1308 Griffin Mill Road
Easley, South Carolina 29640

864-859-5416 • Fax: 864-859-1157

Patricia A. Fazekas
Executive Director

Authority to Release to Information

By my signature, I consent to the release of information to authorized officers, agents, and employees of the State of South Carolina which may include but not limit 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 State to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organizations, 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 for employment.

Thanks for your cooperation!

_____ _____

Applicant's Signature Date

_____ _____

Human Resource Representative Date