



**OCONEE COUNTY DSN BOARD**

**Tribble Center**

Employment Application  
Human Resources Office: 116 South Cove Road  
Seneca, SC 29672  
(864)885-6052

Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Social Security #

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Telephone #: \_\_\_\_\_  
Home Work Other

Prior Address if less than 7 years: \_\_\_\_\_  
Street/P.O. Box City State Zip

Email \_\_\_\_\_

Position applying for: \_\_\_\_\_

Are you legally eligible to begin work in the United States?  Yes  No

Date available to begin work: \_\_\_\_\_ Applying for:  Full-time  Part-time  1<sup>st</sup> shift  2<sup>nd</sup> shift  3<sup>rd</sup> shift

Have you ever worked for Oconee DSN:  Yes  No  
(If yes, indicate job title and prior work dates): \_\_\_\_\_

Do you have relatives or friends who are Oconee DSN employees?  Yes  No  
(If yes, indicate name and relationship): \_\_\_\_\_

Do you possess a valid driver's license?  Yes  No (If yes, list state and License # \_\_\_\_\_  
Expiration date: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

**(If you reside within South Carolina and possess a driver's license from another state, you must obtain a valid South Carolina Driver's License within 90 days of the beginning of employment with Oconee DSN)**

Has your license ever been revoked or suspended?  Yes  No  
(If yes, when and for what reason): \_\_\_\_\_

**List ONLY the schools you graduated from. If you do not have at least a GED, STOP! You must have at least a GED to qualify for entry-level positions. If you do not have a high school diploma or GED your application will not be considered. On-line schools including Cornerstone Christian Academy are not accepted.**

School	Name/Address of School	Year Graduated
High School Diploma		
GED	From What State?	
College/University		
Other Occupational Licenses or Certificates		

List any other additional information that may help us consider your application (skills, attributes, etc.).

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List personal references: (include valid phone numbers)

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Name and phone #

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Name and phone #

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Name and phone #

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In case of an emergency notify:

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Name	Address	Phone/alternate phone
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All applicants must complete the following even if you have sent or attached a resume. Please complete all information requested, beginning with your most recent employer. List employers separately, including military service and any periods of unemployment. If your immediate supervisor is no longer with the employer, list someone who knew your work. If you were employed under another name, please indicate. Explain any gaps in employment.

**1. Current or Most Recent Employer:**

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Last Day of Work: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Supervisor's Telephone Number: \_\_\_\_\_ (*do not leave blank*)

Describe specific duties and responsibilities: \_\_\_\_\_

**2. Next Previous Employer:**

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Last Day of Work: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Supervisor's Telephone Number: \_\_\_\_\_ (*do not leave blank*)

Describe specific duties and responsibilities: \_\_\_\_\_

**3. Next Previous Employer:**

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Last Day of Work: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Supervisor's Telephone Number: \_\_\_\_\_ (*do not leave blank*)

Describe specific duties and responsibilities: \_\_\_\_\_

**4. Next Previous Employer:**

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Last Day of Work: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Describe specific duties and responsibilities: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Supervisor's Telephone Number: \_\_\_\_\_ (*do not leave blank*)

Describe specific duties and responsibilities: \_\_\_\_\_

(List other employers on additional sheet)

**Please Read Before Signing Application Form:**

By applying for this position and signing this application, I voluntarily authorize and grant full consent to the Oconee DSN Board or its agent to conduct a thorough investigation into my prior employment and any other area of my background, including criminal background (regardless of adjudication), child abuse registry and driver's license checks which Oconee DSN believes to be relevant to my employment. I do further consent to the release and disclosure to Oconee DSN or its agent from any persons, company, corporations, or government agency any information sought concerning my background and do further release from liability Oconee DSN or its agents for actions taken in connection with this investigation, as well as any person, companies, corporations or governmental agencies disclosing such information.

I understand that job offers extended by Oconee DSN are conditional upon successful completion of a physical exam by an authorized physician who will determine whether I can perform the essential functions of the position offered, with or without reasonable accommodations. In addition, I voluntarily consent and agree to pre-employment drug testing and the results of the test are to be released to Oconee DSN. I understand that if I fail the pre-employment drug test, Oconee DSN will withdraw my employment offer. Furthermore, Oconee DSN will pay the cost of my physical examination and the drug screening. I acknowledge that any false information provided by me to Oconee DSN may constitute grounds for immediate discharge, regardless of when the false information is discovered by Oconee DSN. Similarly, I understand that my continued employment is contingent on successfully passing a background investigation as determined by Oconee DSN. Any information discovered about me during this investigation, which was deemed by Oconee DSN to be unsatisfactory, may constitute grounds for immediate discharge, regardless of when discovered. Therefore, I hereby certify that the information in this application is true and correct to the best of my knowledge.

I give my permission for all former employers to release any information relating to my work.

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

I understand and agree that at any time during my employment with Oconee DSN I may be transferred to another program or shift. Even though I was hired for a specific program or shift I understand that I may better serve the agency in another program or shift. The Program Director will make this determination and it may be immediate.

I understand that when hired I must complete 40 hours of training within the first 30 days of my employment.

I also understand that I will complete all training as required throughout my employment with this agency.

I give my permission to allow Oconee DSN's "company doctor" to obtain a blood sample for testing of communicable disease. I understand that completion of the communicable disease testing is a prerequisite for employment with Oconee DSN. Failure to complete this testing may result in the termination of my application process and I will no longer be considered for employment with Oconee DSN. I give my consent for Oconee Family Practice to return the results of my blood test for communicable disease to Oconee DSN. I also give consent to submit to a pre-employment two-step tuberculin (PPD) skin test and annually thereafter. I further consent that if I exhibit symptoms I will undergo chest x-rays as necessary.

**AT WILL EMPLOYMENT:** I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I understand that nothing in this application implies either written or otherwise, a contract between myself and Oconee DSN. I also understand that no representative of the agency, other than the Executive Director, has the authority to change the terms of an at-will-employment and that such can occur only in a written policy statement.

**Applicant signature** \_\_\_\_\_

## Police and Driving Records Will Be Checked

The Oconee DSN Board completes a Criminal Background Check through S.L.E.D. for South Carolina residents and in some cases we complete an FBI Background check as well.

With the exception of any offense committed before your 18<sup>th</sup> birthday, list below all offenses against the law (other than minor traffic violations) where you have been found guilty; where charges are pending adjudication; where you pled guilty or nolo contendere; where adjudication was withheld; or where you were placed on probation or in a supervised program. You do not have to list charges that were dropped or of which you were found innocent. Criminal convictions are not an automatic bar to employment and will only be considered in relation to the position for which you are applying. However, omissions or deceptive statements may disqualify you from examination, certification, appointment or retention.

\_\_\_\_\_ There are No Charges

\_\_\_\_\_ Yes, there are charges

Date	Charge	City/County/State	Disposition

Have you ever been refused a surety bond?     Yes     No

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### This Page Must Be Completed

***Oconee DSN is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, disability, marital status, sexual preference or veteran's status.***