



PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES

Revised 09/2018

# County of Greenville At-Will Employment Application

An Equal Employment Opportunity / Affirmative Action Employer

**THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT** but merely is intended to evaluate suitability for employment. It is the policy of Greenville County to provide equal employment opportunities to all qualified persons without discrimination on the basis of sex, including pregnancy, childbirth, and related medical conditions, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the County to have the option of conducting pre-employment alcohol and drug screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination. This application will remain active for 180 days.

## PERSONAL INFORMATION

Name Last	First	Middle	E-mail Address
Home Phone			Other Phone

Please list below your current address

Street	City	State	Zip Code
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## POSITION TITLE AND VACANCY NUMBER

Please list the **POSITION TITLE** and **VACANCY NUMBER** for the position/positions you are applying for.

Position Title:	Vacancy Number:
Position Title:	Vacancy Number:
Position Title:	Vacancy Number:

## EDUCATION AND SPECIAL SKILLS

Have you earned a HS diploma or GED?	YES NO	Have you earned an Associate's Degree?	YES NO	Have you earned a Bachelor's Degree?	YES NO	Have you earned a Master's Degree?	YES NO
Have you earned a Law Degree?	YES NO	Have you earned a Specialist Degree?	YES NO	Have you earned a Doctorate Degree?	YES NO	Trade School Certification?	YES NO

Please circle highest educational year completed. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

Area/Area's of Study

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for:

Please use this space to list any special skills you may have that relate to the position applied for:

## EMPLOYMENT INFORMATION

Please answer all of the following questions.

Are you at least 18 years of age and legally eligible for work in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been discharged or asked to resign from a job? (If yes, please explain)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of or pled guilty to a felony or other crime other than a minor traffic accident?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please complete the following:	
Date	Where Convicted
Nature of Charge	Disposition

## DRIVER LICENSE INFORMATION

Please answer the following questions if the position you are applying for requires driving a motor vehicle.

Do you have a valid driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a valid CDL license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been convicted of or pled guilty to any traffic-related offense within the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please list all states from which you hold or have held a driver's license:	

## EMPLOYMENT HISTORY

**Please list below your last three employers beginning with the most recent:**

Most Recent Employer	Street	City	State	Zip Code
Job Title:  Position Held: From: _____ To: _____	Job Duties:	Reason for Leaving:		
Supervisor's Name and Title:	Supervisor's Telephone:	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Next Most Recent Employer	Street	City	State	Zip Code
Job Title:  Position Held: From: _____ To: _____	Job Duties:	Reason for Leaving:		
Supervisor's Name and Title:	Supervisor's Telephone:	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Next Most Recent Employer	Street	City	State	Zip Code
Job Title:  Position Held: From: _____ To: _____	Job Duties:	Reason for Leaving:		
Supervisor's Name and Title:	Supervisor's Telephone:	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		

### LIST (3) REFERENCES [NOT RELATIVES] YOU HAVE KNOWN FOR AT LEAST (2) YEARS.

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

### STUDENT LOAN

State law (59-111-50) prohibits employment with the County to people who have defaulted on certain student loans, unless they can prove satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the County to conduct an investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the County from all liability that might result from making its investigation. I authorize all former employers to answer any and all questions asked, and information sought, in connection with this application. If I have indicated that my present employer not be contacted, I understand that an offer of employment may be conditioned upon acceptable information and verification from that employer.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I understand and agree that as part of the application process for employment an investigation of my criminal history will be conducted by the County of Greenville which may include local, state, and out-of-state history information, and may require fingerprinting.
4. I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.
5. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986
6. I have read and reviewed the information provided in this application and the above statements in this Certification Agreement. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature

Date

In an attempt to ensure Greenville County's continued commitment to Equal Employment Opportunities, we would appreciate your taking a moment to complete the questionnaire below.

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. P.L. 90-202 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70.

Today's Date: _____	Position Applied For: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race (check one):  
 Asian     African-American     Hispanic     American Indian     White     Other

In Greenville County's effort to transition individuals from welfare to work, please answer the following question:  
Are you currently receiving Food Stamps and/or a Family Independence stipend?     YES     NO

This information is requested for EEO and State Office of Human Resources reporting purposes only.

**NOTE**

1. Resumes are accepted, but an application must be completed before a final offer of employment.
2. Incomplete applications will not be processed.
3. Include all military service on the application if applicable.

**County of Greenville Human Resources Department  
301 University Ridge, Suite 500  
Greenville, South Carolina 29601-3660**

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