



Were you in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, list Branch and Rank at Discharge \_\_\_\_\_

**EDUCATION:**

Name of High School - City, State	Highest Yr Completed	Did you Graduate?	Degree/Diploma
<b>GED:</b>			
Name of College - City, State	Highest Yr Completed	Did you Graduate?	Degree/Diploma
Other City, State	Highest Yr Completed	Did you Graduate?	Degree/Diploma
Trade or Vocational School City, State	Highest Yr Completed	Did you Graduate?	Degree/Diploma

Do you possess a valid S.C. Driver's License? \_\_\_\_\_

Driver's License Number and State \_\_\_\_\_

Are you currently registered or licensed for a profession in South Carolina? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, (List Profession/Craft, License Number, and Exp. Date) \_\_\_\_\_

Do you type? \_\_\_\_\_ If Yes, WPM \_\_\_\_\_ Do you take Shorthand? \_\_\_\_\_

List any equipment or machines with which you are proficient & other skills, qualifications, awards, training courses, etc., related to the position for which you are applying.

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**WORK HISTORY**

Begin with your present or most recent position. List all positions held, including military service, if any. Please answer all questions in this section in complete detail. We may call your previous employers.

1. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name and Title of Immediate Supervisor \_\_\_\_\_  
May we contact this Employer? \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name and Title of Immediate Supervisor \_\_\_\_\_  
May we contact this Employer? \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name and Title of Immediate Supervisor \_\_\_\_\_  
May we contact this Employer? \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name and Title of Immediate Supervisor \_\_\_\_\_  
May we contact this Employer? \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name and Title of Immediate Supervisor \_\_\_\_\_  
May we contact this Employer? \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Per \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name and Title of Immediate Supervisor \_\_\_\_\_  
May we contact this Employer? \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
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List three references who are not relatives or previous supervisors:

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Name	Address	Phone #
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Name	Address	Phone #
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Name	Address	Phone #
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**CERTIFICATION OF APPLICANT**

**I affirm, agree and / or understand that all statements on this form are true and accurate; any misrepresentation or omission of facts may result in my being disqualified or my being discharged should I already be employed by any Pickens County Department; my background may be investigated, including a fingerprint check; I may be required to successfully pass a medical examination as a condition of employment; if I have requested herein that my present employer not be contacted, an offer of employment may be conditional upon acceptable information and verification from such employer prior to beginning work; copies of this form may be furnished to other Pickens County Department Heads. I understand that if hired I am employed at-will and may be discharged at anytime, without notice.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_