



www.aikencountysc.gov

**Aiken County**  
**Human Resources Division**  
1930 University Parkway, Suite 3100  
Aiken, SC 29801  
(803) 642-1555

## AIKEN COUNTY GOVERNMENT APPLICATION FOR EMPLOYMENT

**RETURN TO:** SC Works/Aiken Center, 1571 Richland Avenue East, Aiken, SC 29801 OR Aiken County Customer Service Center, 1930 University Parkway, Aiken, SC 29801 803-642-1555 EOE

Position applied for: \_\_\_\_\_ Date available to start work: \_\_\_\_\_

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

Present Address: \_\_\_\_\_  
No. Street City State Zip Code

Telephone #: \_\_\_\_\_ Are you age 18 or Older? Yes  No  Email: \_\_\_\_\_

Are you a US Citizen? Yes  No  If no, list documents which demonstrate your right to work in the U.S.: \_\_\_\_\_

Do you have a valid Driver's License? Yes  No  State: \_\_\_\_\_ # \_\_\_\_\_ Class: \_\_\_\_\_ CDL License? Yes  No

Have you ever worked for Aiken County Government? Yes  No  If yes, Dept.: \_\_\_\_\_

Do you have any relatives working for Aiken County? Yes  No  \_\_\_\_\_  
Name Relationship Dept.

List any equipment, machines, or other skills, qualifications or certifications related to the position for which you are applying:  
\_\_\_\_\_

Have you ever been convicted of or plead guilty or no contest to any crime, other than minor traffic offenses? Yes  No   
If yes, describe in full:  
\_\_\_\_\_

**Notice: Failure to disclose all requested criminal record information on your application will result in refusal of employment or discharge if you have already been employed.** The nature of any criminal record will be considered in relation to any jobs for which you are applying and will not necessarily keep you from being hired.

**EMPLOYMENT RECORD:** List present or last employer first. (To document additional employment, please record on plain paper and attach to employment application. Attach resume if desired.)

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ / \_\_\_\_\_  
From To

Address: \_\_\_\_\_  
No. Street City State Zip Code

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact? Yes  No

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_



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Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Employment Dates: \_\_\_\_\_  
From To

Address: \_\_\_\_\_  
No. Street City State Zip Code

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact? Yes  No

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Employment Dates: \_\_\_\_\_  
From To

Address: \_\_\_\_\_  
No. Street City State Zip Code

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact? Yes  No

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**EDUCATION:**

Name/Address of School Major/Minor Graduated  
High School: \_\_\_\_\_ Yes  No

Technical Education: \_\_\_\_\_ Yes  No

College: \_\_\_\_\_ Yes  No

Were you in the Armed Forces? Yes  No  Dates of Service: \_\_\_\_\_ / \_\_\_\_\_

**List three references who are not relatives or former employers:**

| <u>Name</u> | <u>Address</u> | <u>Phone #</u> |
|-------------|----------------|----------------|
| _____       | _____          | _____          |
| _____       | _____          | _____          |
| _____       | _____          | _____          |



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Aiken County is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender except where gender is a bona fide occupational qualification, sexual orientation, marital status, disability or handicap. Further, Aiken County offers equal opportunity to veterans of any status, including veterans of the Vietnam Era.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Aiken County to hire me. If hired, I will fully adhere to the policies, rules and regulations of employment. Further, I understand that either Aiken County or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Aiken County has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Aiken County true and complete information on this application. No requested information has been concealed. I authorize Aiken County to contact references provided for employment reference checks and to conduct background checks as needed for employment. I hereby release Aiken County from any/all liability of whatever kind and nature, which, at any time, could result from obtaining and having an employment decision based on such information.

If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I understand that successfully passing a physical examination and a drug test is required for employment.

THIS APPLICATION IS ONLY VALID FOR 60 CALENDAR DAYS FROM THE DATE SIGNED.

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



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## PRE-EMPLOYMENT INFORMATION FORM

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, creed, religion, ancestry, age, gender except where gender is a bona fide occupational qualification, sexual orientation, marital status, disability or veterans of any status. To help us comply with Federal/State equal employment opportunity, record keeping, reporting and other legal requirements, please answer the questions below. This Pre-Employment Information will be kept in a **Confidential File** separate from the attached application for employment.

### PLEASE PRINT

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Sex: Male  Female

Race/Ethnic Group: White  Black  Hispanic  Other

Veteran



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**AIKEN COUNTY CONSENT *FOR RELEASE OF INFORMATION***

To Whom It May Concern:

As an employee of Aiken County Government or an applicant for a position with Aiken County Government, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, education, military and police records to ascertain any and all information, which may be pertinent to my employment qualifications.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

Employee/Candidate's Name: \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Address: \_\_\_\_\_

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

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