

WORK EXPERIENCE:

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2" x 11" sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. Be sure that the information included in this section demonstrates that you meet the minimum experience qualifications for the job for which you are applying.

Job Number 1:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees?	Job Titles of Those You Supervised:
	Yes [] No [] How many?	
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes [] No []	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		
Job Number 2:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees?	Job Titles of Those You Supervised:
	Yes [] No [] How many?	
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes [] No []	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		
Job Number 3:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees?	Job Titles of Those You Supervised:
	Yes [] No [] How many?	
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes [] No []	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

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Job Number 4:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 5:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Job Number 6:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
Job Duties:		
Reason For Leaving:		

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?

Yes No Proof of citizenship or immigration status will be required upon employment.

Please describe any specialized training, apprenticeship, skills and extra-curricular activities that may be relevant to the position for which you are applying:

Describe any job-related training received in the United States military that may be relevant to the position for which you are applying:

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Please list any other qualifications that you feel may be relevant to the position for which you are applying:

References:

1. _____ **Phone:** _____
Name

Address Street City State Zip

2. _____ **Phone:** _____
Name

Address Street City State Zip

3. _____ **Phone:** _____
Name

Address Street City State Zip

Have you ever filed an application with Dorchester County before? Yes No

If yes, when and for what position: _____

Have you ever been employed by Dorchester County before? Yes No

If yes, when and in what position? _____

Do you currently have any relatives employed by Dorchester County? Yes No

If yes, please list names: _____

Are you currently employed? Yes No May we contact present employer? Yes No

Former employers may be contacted. Your present employer will not be without your consent.

On what date would you be available for work? _____

Are you available to work: Full-time Part-time Shift Work Temporary

Can you travel if the job requires it? Yes No

Are you fluent in a language other than English? Yes No What language? _____

Have you ever been convicted of any violation of law other than a minor traffic violation?

Yes No If yes, give the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from employment.

You must meet all of the minimum qualifications to be eligible for hire. Verification will be completed. You may be tested for illegal drug use. You may be given a medical examination to determine your ability to perform job related functions.

I hereby affirm that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and may result in discharge if employed. I further understand that any information given during an interview that is false or misleading may result in disapproval and may result in discharge if employed. I further understand that any employment relationship with Dorchester County is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. The "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by the County Manager or Council.

Date: _____

Signature of Applicant