



EMPLOYMENT APPLICATION

APPLYING FOR

JOB TITLE

POSITION NUMBER *Agency assigned* LOCATION

CONTACT INFORMATION

YOUR NAME

SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY COUNTY STATE ZIP CODE

HOME PHONE BUSINESS PHONE FAX NUMBER

EMAIL ADDRESS

EDUCATION

HIGH SCHOOL LOCATION

DIPLOMA OTHER (SPECIFY) HIGHEST GRADE COMPLETED

COLLEGE GRADUATE? YES NO IF NO, GIVE TOTAL CREDIT RECEIVED

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL

UNDERGRADUATE COLLEGE / UNIVERSITY

DEGREE YEAR DEGREE OBTAINED

PERTINENT UNDERGRADUATE COURSES # CREDITS EARNED

PERTINENT UNDERGRADUATE COURSES # CREDITS EARNED

PERTINENT UNDERGRADUATE COURSES # CREDITS EARNED

GRADUATE SCHOOL

DEGREE YEAR DEGREE OBTAINED

PERTINENT GRADUATE COURSES # CREDITS EARNED

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JOB-RELATED TRAINING AND COURSE WORK

List any skills, licenses, and certificates which are related to the job you seek (include words per minute typing speed and computer software proficiency).

Is there a minimum salary you will accept? YES NO IF YES: \$ _____ PER _____

What is the earliest date you could begin work? _____

Do you possess a valid driver's license? YES NO IF YES, PLEASE PROVIDE INFORMATION BELOW

STATE _____ NUMBER _____ EXPIRATION DATE _____ CLASS A B C D E F

Do you have any relatives employed with the State of South Carolina? YES NO IF YES, PLEASE PROVIDE NAMES BELOW:

NAME _____ RELATION _____ AGENCY _____

NAME _____ RELATION _____ AGENCY _____

Have you ever been convicted of a criminal offense? YES NO IF YES, PLEASE LIST CHARGE(S)

NOTE: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

WHERE CONVICTED _____ DATE _____ DISPOSITION/STATUS _____

Have you ever been terminated or forced to resign from any job? YES NO IF YES, PLEASE EXPLAIN

Give the names of two people, not relatives, who are familiar with your work.

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS:

Are you legally authorized to work in the United States? YES NO

Student Loan: State law (59-111-50) prohibits employment with the State to people who have defaulted on certain student loans, unless they can prove that 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 _____

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and/or employees of the South Carolina Governor's School for Science & Mathematics (GSSM) which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of GSSM to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organizations, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

SIGNATURE _____ DATE _____

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

SIGNATURE _____ DATE _____

WORK EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. *All information in this section must be complete. A resume may be attached, but not substituted for completing this section.*

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS	PHONE
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JOB TITLE	NUMBER SUPERVISED
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SUPERVISOR'S NAME				
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FROM	TO	HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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JOB DUTIES (GIVE DETAILS)

REASON FOR LEAVING

YOUR NEXT MOST RECENT EMPLOYER

ADDRESS	PHONE
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JOB TITLE	NUMBER SUPERVISED
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SUPERVISOR'S NAME				
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FROM	TO	HOURS PER WEEK	SALARY	
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JOB DUTIES (GIVE DETAILS)

REASON FOR LEAVING

YOUR NEXT MOST RECENT EMPLOYER

ADDRESS	PHONE
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JOB TITLE	NUMBER SUPERVISED
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SUPERVISOR'S NAME				
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FROM	TO	HOURS PER WEEK	SALARY	
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JOB DUTIES (GIVE DETAILS)

REASON FOR LEAVING

WORK EXPERIENCE CONTINUED

YOUR NEXT MOST RECENT EMPLOYER

ADDRESS		PHONE	
JOB TITLE		NUMBER SUPERVISED	
SUPERVISOR'S NAME			
FROM	TO	HOURS PER WEEK	SALARY
JOB DUTIES (GIVE DETAILS)			
REASON FOR LEAVING			

YOUR NEXT MOST RECENT EMPLOYER

ADDRESS		PHONE	
JOB TITLE		NUMBER SUPERVISED	
SUPERVISOR'S NAME			
FROM	TO	HOURS PER WEEK	SALARY
JOB DUTIES (GIVE DETAILS)			
REASON FOR LEAVING			

YOUR NEXT MOST RECENT EMPLOYER

ADDRESS		PHONE	
JOB TITLE		NUMBER SUPERVISED	
SUPERVISOR'S NAME			
FROM	TO	HOURS PER WEEK	SALARY
JOB DUTIES (GIVE DETAILS)			
REASON FOR LEAVING			

*The language used in this document does not create an employment contract between the employee and the agency.
This document does not create any contractual rights or entitlements.
The agency reserves the right to revise the content of this document, in whole or in part.
No promises or assurances, whether written or oral, which are contrary to
or inconsistent with the terms of this paragraph create any contract of employment.*

EEO DATA REPORTING FORM

The federal government requires the following information to be collected for statistical reporting as a part of the Affirmative Action Program. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual. This form will be removed prior to being forwarded to the hiring authority.

TODAY'S DATE

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MIDDLE NAME

POSITION FOR WHICH YOU ARE APPLYING

POSITION NUMBER

SEX (CHECK APPROPRIATE BOX) MALE FEMALE

DATE OF BIRTH

RACE (CHECK APPROPRIATE BOX)

- AMERICAN INDIAN / ALASKAN NATIVE
- ASIAN / PACIFIC ISLANDER
- BLACK / NON-HISPANIC
- HISPANIC
- WHITE / NON-HISPANIC

Will you need reasonable accommodations to participate in the selection procedures (e.g., interview, written tests, or job demonstration)?

YES NO IF YES, PLEASE SPECIFY THE ACCOMMODATION YOU NEED

IF YES, PLEASE NOTIFY THE PERSONNEL OFFICE OR HUMAN RESOURCES OFFICE AT THE STATE AGENCY WHICH HAS THE JOB VACANCY.