

# SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION

## EMPLOYMENT APPLICATION

**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.**

### Position applying for:

Job Title \_\_\_\_\_

Agency \_\_\_\_\_ Location \_\_\_\_\_

### Contact Information

Name \_\_\_\_\_ Former Last Name \_\_\_\_\_  
*First Middle Initial Last*

Mailing Address \_\_\_\_\_

Address \_\_\_\_\_  
*City County State Zip Code*

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Notification Preference  Mail  Email

### Other Personal Information

Do you possess a valid driver's license?  Yes  No If yes, provide State and number: \_\_\_\_\_

Expiration date \_\_\_\_\_ Class (check one)  A  B  C  D  E  F  M  G

Can you, after employment, submit proof of your legal right to work in the United States?  Yes  No

Are you willing to relocate?  Yes  No If yes, provide counties \_\_\_\_\_

What type of job are you looking for?  Regular  Temporary  Seasonal  Internship

What types of work will you accept?  Full Time  Part Time  Per Diem

What shifts are you available to work?  Day  Evening  Night  Rotating  Weekends  On Call (as needed)

### Education

High School Name \_\_\_\_\_ Location \_\_\_\_\_  Diploma  Other (specify) \_\_\_\_\_

Give name and address of school, major course of study, and degree achieved.

Undergraduate College/University \_\_\_\_\_ Graduate School \_\_\_\_\_

Degree Attained \_\_\_\_\_ Degree Attained \_\_\_\_\_

Year \_\_\_\_\_ Year \_\_\_\_\_

### Additional Information

Certificates and Licenses \_\_\_\_\_

Additional Skills \_\_\_\_\_

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### Work History

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 explanation for any gaps in employment. All information in this section must be complete. A résumé may be attached, but not substituted for completing this section. Should you need additional space, copy this page.

1. Name of Present or Last Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_ Number Supervised \_\_\_\_\_

May we contact this employer?  Yes  No

Job Duties (give details) \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving \_\_\_\_\_

2. Your Next Most Recent Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_ Number Supervised \_\_\_\_\_

May we contact this employer?  Yes  No

Job Duties (give details) \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving \_\_\_\_\_

3. Your Next Most Recent Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_ Number Supervised \_\_\_\_\_

May we contact this employer?  Yes  No

Job Duties (give details) \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving \_\_\_\_\_

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**Please carefully read the following information:**

Have you ever been convicted of a criminal offense?  Yes  No

*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 necessarily an absolute bar to state government employment in all cases. Each conviction is evaluated individually.*

If yes, please list charge(s) \_\_\_\_\_

Where Convicted \_\_\_\_\_ Date \_\_\_\_\_ Disposition/Status \_\_\_\_\_

Are you currently employed by the State of South Carolina?  Yes  No If yes, which agency? \_\_\_\_\_

Do you have any relatives employed with the State of South Carolina?  Yes  No If yes, please provide name(s), relationship, and agency below.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Agency \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Agency \_\_\_\_\_

Have you ever been terminated or forced to resign from any job?  Yes  No If yes, please explain below.

\_\_\_\_\_  
\_\_\_\_\_

Have you been separated from South Carolina State Government employment as a part of a reduction-in-force within the past 12 months?  Yes  No

Give the name, address, and phone number of two people, not relatives, who are familiar with your work.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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 employees of the State of South Carolina 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 any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents and employees of the State to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organization, 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 \_\_\_\_\_

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### EEO QUESTIONS

The following questions are strictly voluntary and will provide us with statistics needed to evaluate our recruitment program, as well as prepare statistical reports required by Federal, State, and local agencies. This information is not forwarded to hiring authorities.

Name

**Gender**

- Female
- Male

**Ethnicity**

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- Two or More Races
- White

**Date of birth**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_