



Beaufort County Council  
P.O. Drawer 1228  
Beaufort, SC 29902

## Application for Employment

ATTN: Incomplete applications will not be processed

Position Applied For: \_\_\_\_\_

(List Only One Position Per Application)

### Personal Information

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (Numbers only. Form will add the dashes.)

Home Phone Number \_\_\_\_\_ Cell/Alternate Phone Number \_\_\_\_\_

Do you have a valid driver's license? Yes No Licensing State

Are you legally authorized to work in the United States? Yes No

Have you ever been employed by Beaufort County Council? Yes No

When \_\_\_\_\_

Are you related to anyone currently employed by Beaufort County? Yes No

If yes, give name and relationship

Have you ever been convicted of a crime and/or do you have any charges pending? Yes No

If yes, please explain:

Beaufort County is an Equal Opportunity Employer and welcomes employees without regard to race, color, religion, national origin, sex, age or qualified disabilities.

Education

High School

School Name:	School Location/Address:		
<hr/>			
Years Completed:	Did You Graduate?	Yes	No
<hr/>			Diploma/GED: <hr/>
Major or Course of Study: <hr/>			

Post High School

School Name:	School Location/Address:		
<hr/>			
Years Completed:	Did You Graduate?	Yes	No
<hr/>			Type of Degree: <hr/>
Major or Course of Study: <hr/>			

School Name:	School Location/Address:		
<hr/>			
Years Completed:	Did You Graduate?	Yes	No
<hr/>			Type of Degree: <hr/>
Major or Course of Study: <hr/>			

School Name:	School Location/Address:		
<hr/>			
Years Completed:	Did You Graduate?	Yes	No
<hr/>			Type of Degree: <hr/>
Major or Course of Study: <hr/>			

List any special skills or qualifications you have (including certifications, licenses, etc.)

# Employment History

Answer each question completely. Do not put "see resume" for any section other than a description of duties. List work history including part-time, temporary, self-employment and military service beginning with your present or most recent position. You may list verifiable volunteer experience also.

Employer	Address	City	State	Zip
<hr/>				
Starting Date: Month:	Year:	Entry Job Title:	Salary:	Per:
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Ending Date: Month:	Year:	Ending Job Title:	Salary:	Per:
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Detailed Description of Duties:				
<hr/>				
Supervisor Name:	Title:	Phone:	May we contact this employer?	Yes No
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Reason for Leaving				
<hr/>				

Employer	Address	City	State	Zip
<hr/>				
Starting Date: Month:	Year:	Entry Job Title:	Salary:	Per:
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Ending Date: Month:	Year:	Ending Job Title:	Salary:	Per:
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Detailed Description of Duties:				
<hr/>				
Supervisor Name:	Title:	Phone:	May we contact this employer?	Yes No
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Reason for Leaving				
<hr/>				

Employer	Address	City	State	Zip
<hr/>				
Starting Date: Month:	Year:	Entry Job Title:	Salary:	Per:
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Ending Date: Month:	Year:	Ending Job Title:	Salary:	Per:
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Detailed Description of Duties:				
<hr/>				
Supervisor Name:	Title:	Phone:	May we contact this employer?	Yes No
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Reason for Leaving				
<hr/>				

Employer	Address		City	State	Zip
<hr/>					
Starting Date: Month:	Year:	Entry Job Title:	Salary:	Per:	
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
Ending Date: Month:	Year:	Ending Job Title:	Salary:	Per:	
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
Detailed Description of Duties:					
<hr/>					
Supervisor Name:	Title:	Phone:	May we contact this employer?		Yes No
<hr/>		<hr/>	<hr/>		<hr/>
Reason for Leaving					
<hr/>					

Employer	Address		City	State	Zip
<hr/>					
Starting Date: Month:	Year:	Entry Job Title:	Salary:	Per:	
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
Ending Date: Month:	Year:	Ending Job Title:	Salary:	Per:	
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
Detailed Description of Duties:					
<hr/>					
Supervisor Name:	Title:	Phone:	May we contact this employer?		Yes No
<hr/>		<hr/>	<hr/>		<hr/>
Reason for Leaving					
<hr/>					

Employer	Address		City	State	Zip
<hr/>					
Starting Date: Month:	Year:	Entry Job Title:	Salary:	Per:	
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
Ending Date: Month:	Year:	Ending Job Title:	Salary:	Per:	
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
Detailed Description of Duties:					
<hr/>					
Supervisor Name:	Title:	Phone:	May we contact this employer?		Yes No
<hr/>		<hr/>	<hr/>		<hr/>
Reason for Leaving					
<hr/>					

## Personal References

Give the names and address of three persons, not relatives or former employers, who know you.

Name

Address

City

State

Zip

Phone

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### **PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN.**

I certify that all answers given herein are true and complete to the best of my knowledge.

I hereby authorize Beaufort County to conduct whatever investigation it deems necessary to confirm statements submitted on this application. If the investigation determines any untrue statements or answers, I accept this as sufficient reason for refusal to hire.

I authorize and request each person, former employer, firm, or corporation, given as reference, to answer any and all questions related to my current and past work performance, character or skills. I hereby release from liability, Beaufort County and its representatives for seeking such information and all persons, corporations or organizations for furnishing such information.

In the event of employment, I understand that false or misleading information given on my application or during my interview(s) may result in dismissal. I also understand that I am required to abide by all rules and regulations of my employer.

As prerequisite to my employment, I agree that I will consent to and undergo testing to detect the presence of drugs and/or alcohol. If employed by Beaufort County Council, I further agree, as a condition of my employment that at such time or times during my employment as Beaufort County shall require I will consent to and undergo testing for the presence of drugs and/or alcohol. I also agree that at the time of any such examinations, I will execute all forms of consent and release of liability as are usually and reasonable attendant to such examination. Finally, I agree that the results of any such examination shall be made available to Beaufort County or its agents.

Also prerequisite to my employment, I agree that I will consent to a background investigation which will include an investigation of criminal or police records, and may include financial/credit records, education records, driving records, and any other information deemed by the County to be material to filling the position sought.

I agree to submit myself, upon request, for a physical examination by a physician selected by the County and understand that failure to meet the physical requirements may disqualify me for employment. In the event of my employment, I understand that I have the right to quit or leave my employment and that I further understand, my employer has the right to terminate my employment at any time for any reason in accordance with my employer's Personnel Policies.

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

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

*(Print and Sign Application)*

**ALL APPLICANTS NOT CONTACTED WITHIN 30 WORKING DAYS AFTER APPLICATION CLOSING DATE, MAY CONSIDER THE POSITION FILLED.**



**Applicants, submit this page with your application**

**For Internal Office Use Only  
Screening and Interviewing Report**

**To the Interviewer:**

The criteria used in selecting applicants for interviews must be applied consistently to all applicants. Selection of an applicant should not be based on race, religion, creed, sex, age, disability, or national origin. The applications you receive for this position have been screened and meet the minimum job requirements as posted. This form must be completed, signed and returned to the Employee Services Division after you have selected the applicant that is best suited for the vacant position.

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Position**

**To Be Completed By the Interviewer:**

**1. Was the applicant interviewed?** Yes \_\_\_\_\_ No \_\_\_\_\_

**A. If Yes, Date interviewed.** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**B. If No, why not?**

1. Unable to reach for interview
2. Did not show up for interview
3. Cannot meet work schedule.
4. Other (Specify) \_\_\_\_\_

**2. Is the applicant recommended for hire?** Yes \_\_\_\_\_ No \_\_\_\_\_

**A. If Yes, Why?** \_\_\_\_\_

**B. If No, why not?**

1. Cannot meet work schedule.
2. Less experience than person considered/selected
3. Less related training/education than person considered/selected.
4. Less skills than person considered/selected.
5. Failure to pass required test(s).
6. Other (Specify) \_\_\_\_\_

**Interviewer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Beaufort County Employee Services**  
PO Drawer 1228, Beaufort, SC 29901

**Applicant Data Survey**  
(Completion of this form is voluntary)

This data is for periodic government reporting and personnel research. It will be kept in a confidential file separate from your application for employment.

All applications are considered without regard to race, color, religion, sex, national origin, age, veteran status, disability or any other legally protected status.

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

Position Applied for: \_\_\_\_\_

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

**Please check one answer within each of the following categories:**

**Race:**

- ☐ American Indian/Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black
- ☐ White
- ☐ Two or More Races

**Ethnicity:**

- ☐ Hispanic or Latino

**Sex:**

- Male ☐
- Female ☐

**Veteran:**

- Yes ☐
- No ☐