

NOTICE TO APPLICANTS

SALUDA COUNTY

ALCOHOL & DRUG TESTING POLICY

Due to the health and safety risks of alcohol & drug abuse and the integrity of employee responsibilities, applicants tentatively selected for employment, by the County of Saluda, will be required to undergo an alcohol & drug test. A positive test result, indicating illegal drug use or active alcohol use at the time of testing will disqualify you from consideration for employment. A negative test result will not guarantee employment. Any applicants not willing to comply with these requirements may simply excuse themselves prior to completing the attached application form. All positions are subject to on-going testing during employment with the County of Saluda.

I understand and agree to the above testing requirements.

Applicant Signature

____/____/____
Date

Saluda County

APPLICATION FOR AT-WILL EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. This application is not an employment contract, but merely is intended to evaluate suitability for employment.

WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ E-mail Address: _____

Date Available: _____ Social Security #: _____

Desired Salary: \$ _____ Position Applied for: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Did you ever apply or work for Saluda County Before? Yes No If yes, when? _____

Have you ever pled guilty or no contest to, or been convicted of a crime? Yes No

If yes, explain: _____

Will you work overtime when necessary? Yes No

Have you received a description of the job or been made aware of the essential functions of the job you are applying for? Yes No

Do you understand the job requirements? Yes No

If no, please explain: _____

Are you on layoff and subject to recall? Yes No

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain: _____

Do you have a valid SC Drivers License? Yes No DL # _____

Do you have a valid Commercial License? Yes No DL # _____

Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? Yes No

If yes, please explain: _____

Please list any special skills or specialized training you may have that relates to the position applied for.

If presently employed, why do you desire to change your position?

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

APPLICANT'S STATEMENT

PLEASE READ BEFORE SIGNING

I certify that answers given herein are true and complete. I understand that if employed, false or misleading statements on this application shall be considered cause for immediate dismissal. I understand also that I am required to abide by all rules and regulations of the employer.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby waive any and all rights and claims that I may have regarding the employer, its agents, employees, representatives for seeking, gathering, and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Saluda County is of an "at-will" nature, which means that the EMPLOYEE may resign at any time and the EMPLOYER may discharge EMPLOYEE at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Saluda County.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT'S STATEMENT.

Date

Signature of Applicant

SALUDA COUNTY

NOTICE OF OBTAINING BACKGROUND INFORMATION

I understand that in connection with my application for employment or continued employment, Saluda County may obtain reports from third party reporting agencies including but not limited to: credit history, driving record and criminal record.

I authorize Saluda County to obtain any consumer report deemed necessary and I authorize any such third party reporting agencies to furnish the county any further information it may have concerning me which is on record or otherwise. I understand that I have the right to make a written report within a reasonable period of time to receive additional information about the nature and scope of this investigation in the event I am denied employment or my continued employment is adversely affected.

Applicant/Employee Signature

Date

Applicant/Employee Printed Name

Date