



Application Packet for Class II or Class III Officers for Union County Detention Center
and Union County Code/Animal Control Enforcement

Please return to Union County Supervisor's Office to the Attention of the
Human Resources Manager at 210 West Main Street Union, SC 29379 or via email to
khorne@countyofunion.com.

Authorization for Release of Information

To whom it may concern:

Re: Application for Employment with Union County:

Name: _____

DOB: _____

SS#: _____

I hereby authorize a representative of Union County, bearing this release, to obtain any information in your files pertaining to my reputation, police records, medical records, credit/financial records, school records, past and present employment records and military records including all information of a confidential or privileged nature, and Photostats of the same if requested. In applying for employment with Union County, I hereby waive my rights of access to the letters relating to police records, medical, credit, school, military or employment history and letters of recommendation.

Applicant's Signature

Street Address

City State Zip Code

Subscribed and sworn to before me
This _____ day of _____, _____

Notary Public for the State of SC

My Commission expires: _____

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, nationality, age, marital status, veteran status, disability, or any other legally protected status.

Date of Application: _____

Position applied for: _____

Name: _____
(First) (Middle) (Last)

Social Security Number: _____

Present Address: _____
(Must provide physical address as well as PO Box/Apt # if applicable)

(City) (State) (Zip Code)

Phone Number: (home) _____ (cell) _____ (business) _____
(Please indicate which number you would prefer to be contacted on)

Are you eligible to work in the United States? Yes____, No____

Are you 21 years of age or older? Yes____, No____

Do you have relatives employed by the County? Yes____, No____

If yes please list name, department and degree of relation:

Have you ever been employed by Union County? Yes____, No____ if yes list dates:

What date are you available to begin work? _____

Have you ever been convicted, pled guilty or pled no contest to a crime other than a traffic violation? Yes____, No____

If yes, list charge(s), where convicted, date and disposition or current status:

Were you in the US Armed Forces? Yes ____, No ____

If yes list Branch, and Rank at discharge: _____

Dates of Duty: From: _____ to _____
 (Month, day, year) (Month, day, year)

Education

Name of High School-Location	Highest Grade Completed	Did you graduate?	Diploma	Dates Attended
			Yes/No	From: To:
GED	Date:			
Name of College-Location	Number of years attended	Did you graduate?	Degree/certificate or diploma:	Dates Attended
				From: To:
Other-Location	Number of years attended	Did you graduate?	Degree/Certificate or diploma:	Dates Attended
				From: To:
Trade or vocational school-location	Number of years completed	Did you graduate?	Degree/Diploma or certificate	Dates Attended
				From: To:

Do you possess a valid SC Driver's License? Yes ____, No ____

If yes list DL Number: _____

If no, do you possess a valid Driver's License from any other state? Yes ____, No ____

If yes, what state and please give expiration date and DL number:

Are you currently registered or licensed for a profession in the State of South Carolina? Yes____, No____

If yes, please list profession/craft, license number and expiration date:_____

Do you type? _____ If yes how many WPM_____, Do you take shorthand?

List any equipment, machines, or computer programs with which you are proficient and other skills, qualifications, awards, training courses, etc... that are relative to the position for which you are applying:

Work History

Begin with your most recent employer, you may copy and attach additional pages if necessary. List all positions held and military service if any. Please answer all questions in complete detail. We may contact any employer listed and by signing and returning the Release attached to the front of this packet you have given us complete access to previous employment records.

1. Name of Company _____, Type of Business _____

Address _____

Starting Date _____ Job Title _____ Salary \$ _____, per _____

Ending Date _____ Job Title _____ Salary \$ _____, per _____

Reason for Leaving: _____

Immediate Supervisor _____

May we contact this employer? _____ phone# _____

Description of duties _____

2. Name of Company _____, Type of Business _____

Address _____

Starting Date _____ Job Title _____ Salary \$ _____, per _____

Ending Date _____ Job Title _____ Salary \$ _____, per _____

Reason for Leaving: _____

Immediate Supervisor _____

May we contact this employer? _____ phone# _____

Description of duties _____

Work history cont'd.....

3. Name of Company _____, Type of Business _____

Address _____

Starting Date _____ Job Title _____ Salary \$ _____, per _____

Ending Date _____ Job Title _____ Salary \$ _____, per _____

Reason for Leaving: _____

Immediate Supervisor _____

May we contact this employer? _____ phone# _____

Description of duties _____

4. Name of Company _____, Type of Business _____

Address _____

Starting Date _____ Job Title _____ Salary \$ _____, per _____

Ending Date _____ Job Title _____ Salary \$ _____, per _____

Reason for Leaving: _____

Immediate Supervisor _____

May we contact this employer? _____ phone# _____

Description of duties _____

Please list the law enforcement jurisdictions in which you have lived for the past ten years: _____

Please list three references who are not relatives or previous supervisors that have known you for a minimum of three (3) years.

Name	Address	phone #

Please make any additional comments you feel may aid in the evaluation of this application:

Certification of applicant

I affirm, agree, and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of facts may result in my being disqualified or my being discharged should I already be employed by any Union County Department. My background may be investigated, including a fingerprint check. I may be required to successfully complete a medical exam as a condition of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditional upon acceptable information and verification from such employer prior to beginning work. Copies of this form may be furnished to other Union County Department Heads. I understand that if I am hired I am employed at-will and may be discharged at any time, without notice.

Applicant's Signature
Dated: _____