

APPLICATION FOR EMPLOYMENT

LAURENS COUNTY PERSONNEL
P.O. BOX 445
LAURENS, SOUTH CAROLINA 29360
(864) 984-3691

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.

(PLEASE PRINT)

Position(s) Applied For

Date of Application

How Did You Learn About Us?		
Advertisement	Friend	Walk-In
Employment Agency	Relative	Other _____

Last Name	First Name	Middle Name
Address Number	Street	City
	State	Zip Code
Telephone Number(s)	Social Security Number	

Do you have a valid S.C. Driver's License? YES NO
 If yes, list License Number _____
 List Driver's License Classification _____

Have you ever filed an application with us before? YES NO
 If Yes, give date _____

Have you ever been employed with us before? YES NO
 If Yes, give date _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. YES NO

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Have you ever been convicted of, or pled guilty, or no contest to, any crime other than a minor traffic violation? YES NO
 If Yes, please explain _____

School Name and Location	Elementary School	High School	Undergraduate College / University	Graduate / Professional
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree _____				
Describe Course of Study _____				
Describe any specialized training, apprenticeship, skills and extra-curricular activities. _____				
Describe any honors you have received. _____				
State any additional information you feel may be helpful to us in considering your application. _____				

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE

	FLUENT	GOOD	FAIR
SPEAK _____			
READ _____			
WRITE _____			

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD
**You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status:*

REFERENCES
 Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.) _____

2.) _____

3.) _____

Have you ever had any job-related training in the United States Military? **YES NO**

If Yes, Please describe. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.)	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		From	To	
ADDRESS				
TELEPHONE NUMBER(S)				
JOB TITLE			SUPERVISOR	
REASON FOR LEAVING			HOURLY RATE / SALARY	
			Starting	Final

2.)	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		From	To	
ADDRESS				
TELEPHONE NUMBER(S)				
JOB TITLE			SUPERVISOR	
REASON FOR LEAVING			HOURLY RATE / SALARY	
			Starting	Final

3.)	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		From	To	
ADDRESS				
TELEPHONE NUMBER(S)				
JOB TITLE			SUPERVISOR	
REASON FOR LEAVING			HOURLY RATE / SALARY	
			Starting	Final

4.)	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		From	To	
ADDRESS				
TELEPHONE NUMBER(S)				
JOB TITLE			SUPERVISOR	
REASON FOR LEAVING			HOURLY RATE / SALARY	
			Starting	Final

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 this organization.

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

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview YES NO

Remarks _____

Employed YES NO

Interviewer Date

Date of Employment _____

Job Title _____ Salary / Hour Rate _____ Department _____

BY: _____

Name and Title Date

NOTES: _____

Laurens County Special Operations Response Team

Memorandum of Understanding

This Memorandum of Understanding, herein referred to as MOU, is between

_____ and _____.
(Print Employee Full Name) (Print Department or Organization Name)

This MOU is effective for not more than one year from the date of signing and must be renewed within 20 days thereof in order to continue. If the employee named above changes employment or organization, this MOU becomes null and void and a new MOU must be completed with the new employer or organization.

This MOU establishes that the Chief of the Department or the Employee's Supervisor has approved that the employee named above has permission to participate in the Laurens County's S. O. R. T. This MOU also constitutes that the employee named above will perform in accordance with this MOU and maintain:

- minimum training with the fire department or organization they are presently a member, and
- minimum training for the S. O. R. T. branch or branches they are presently a member, and
- the department shall provide Workers' Compensation for the above named individual.

Additionally, the employee named above will provide the following:

- documentation that they have received an annual fit test per OSHA Regulation 29 CFR 1910.134 and if applicable, any other Regulation(s) that applies to the S. O. R. T. branch or branches they are presently a member, and
- documentation that they have received an annual physical examination and/or OSHA Questionnaire. The physical exam shall provide documentation that the employee is medical and physically able to wear a self-contained breathing apparatus respirator and is medically and physically able to perform the duties that is required for the S. O. R. T. branch or branches they are presently a member.

Employees who do not maintain minimum training requirements and/or provide proper documentation as outline above the employee will be subject to the policies and procedures of their fire department or organization and to the policies and procedures of the S. O. R. T. branch or branches they are presently a member. This could mean dismissal of any or all organizations and/or the S. O. R. T.

Print Employee Name	Employee Signature	Date
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Print Supervisor or Chief Name	Supervisor or Chief Signature	Date
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Revision 1: January 18, 2006

Approved by: Advisory Committee

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Team(s) approved for:

South Carolina Firefighter Registration Act
Request for Criminal Record Review

Name: _____ (Full Given Name)

Address: _____

City State Zip

Social Security # _____ - _____ - _____ Date of Birth ___/___/___

Driver's License: State _____ Number _____

Race: _____ Sex: Male Female

I, _____ do hereby grant approval for the
(Print Name)

_____ to inquire and receive any and
(Name of Fire Department or Employer)

all criminal information pertaining to me.

(Applicant Signature)

(Date)

(Authorized Signature)

(Date)

Mail Request To:
S.L.E.D. Records
PO Box 21398
Columbia, SC 29221-1398
Phone: 1-803-737-9000

**S.L.E.D. Should
Return Information To:**

**Reports should be returned
to the Fire Department – Not
to the Fire Marshal's Office.**

***Note to Fire Departments:
Please include a self-addressed
envelope for return of report
from S.L.E.D.**