

# ***NOTICE TO APPLICANTS***

## **SALUDA COUNTY**

### **ALCOHOL & DRUG TESTING POLICY**

Due to the health and safety risks of alcohol & drug abuse and the integrity of Sheriff Department 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   
Do you have a valid Commercial License? Yes  No

DL # \_\_\_\_\_  
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