



EDUCATION	Name and Location of School Attended	Years Completed	Diploma/Degree	Course Study
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE				

Describe any specialized training, professional or civic activities, offices or honors:

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### EMPLOYMENT HISTORY

List below your four most recent employers, starting with your present or last employer.

1- Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Description of Job Duties \_\_\_\_\_

2- Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Description of Job Duties \_\_\_\_\_

3- Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Description of Job Duties \_\_\_\_\_

4- Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Description of Job Duties \_\_\_\_\_

**Read and Complete the Sections Below:**

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**ABUSE OR NEGLECT STATEMENT:**

**No person will be eligible for employment with the S.C. Department of Disabilities and Special Needs or its contracted agencies if they have a prior history or conviction of individual or child abuse.**

**I have never been involved in a substantiated case of abuse or neglect.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.**

Government contractors are subject to 38 USC 2012 of the Vietnam era veterans readjustment act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam era, and section 503 of the rehabilitation act of 1973, as amended, which requires government contractors to take action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

**If you wish to be identified, please sign below.**

**Veteran of the U.S. Military Service** \_\_\_\_\_ **Branch** \_\_\_\_\_

**Handicapped** \_\_\_\_\_ **Disabled veteran** \_\_\_\_\_ **Vietnam veteran** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**APPLICANT'S STATEMENT AND RELEASE INFORMATION AUTHORIZATION**

I certify that answers given herein are true and complete to the best of my knowledge, and I understand that if employed, any misrepresentation or falsehood is cause for separation from service with the Newberry County Disabilities and Special Needs Board.

I understand that this application is not, nor is it intended to be a contract of employment.

As part of my application for employment with the Newberry County Disabilities and Special Needs Board, I hereby authorize the release of employment information to the Board which may be considered in evaluating my qualifications for employment. I release all parties and persons connected with my request for information from liability for furnishing such information.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY  
Governor



MARK A. KEEL  
Chief

## CRIMINAL RECORD CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): \_\_\_\_\_

AKA and/or MAIDEN NAMES: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

**(A self addressed stamped envelope is required for the return of background check)**

### CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY

NAME OF ORGANIZATION: \_\_\_\_\_

USER ID NUMBER (as provided by SLED for online checks): \_\_\_\_\_

SCHOOL DISTRICTS ONLY – POSITION APPLIED FOR: \_\_\_\_\_

*(A self addressed stamped envelope is required for the return of background check)*

#### PLEASE NOTE:

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. **PERSONAL CHECKS WILL NOT BE ACCEPTED.** This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal records check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

**\* SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008\***

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An Accredited Law Enforcement Agency

P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7588

