

NAME: _____

PHONE: _____

LEE COUNTY DISABILITIES & SPECIAL NEEDS BOARD

"Taking Part in the World"

842 McLeod Road
Post Office Box 468
Bishopville, South Carolina 29010
(803) 484-9473
Fax: (803) 484-5710
Website: www.lcdsn.org

APPLICATION FOR EMPLOYMENT

The Lee County Disabilities & Special Needs Board is an equal opportunity employer and does not discriminate on the basis of race, color, sex, national origin, religion, age, disability or handicap or veteran status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

**LEE COUNTY DISABILITIES & SPECIAL NEEDS BOARD
INSTRUCTIONS FOR APPLICANTS**

Complete this application using black or dark blue ink.

PLEASE NOTE: Applicants must be at least 18 years of age, have at least a high school diploma or GED, and have a valid SC driver's license.

To help us determine the job opportunity that best suits your qualifications, we ask that you provide the following information:

1. **Application Form** – NEATLY PRINT requested information in each blank space on the application. Include complete address for all references. If requested information does not apply to you, please write "N/A" in the blank.
2. **Availability of Residential Direct Care Applicants** – Complete, sign and date.
3. **Reference Form** – Complete, sign and date so that it can be photocopied by the agency and sent to previous employers to obtain references.
4. **Applicant's Certification and Agreement** – Sign and date.
5. **South Carolina Department of Social Services Consent to Release Information** – Complete Section IV (your personal information, with complete addresses) and Section V (your signature and date). Please do not remove form from application.
6. **Transcripts of College Credits or Photocopy of High School Diploma or GED** – Include a photocopy of your high school diploma or GED certificate (and college transcripts if applicable).
7. **Licenses or Certificate to Practice** – Include a legible photocopy of current and valid professional certificates or licenses you hold as of the date you complete this application (if applicable).
8. **DD214** – Include a photocopy of your military discharge, Form DD214 (if you have military service).
9. **Driver's License** – Provide a copy of current driver's license.

NOTE: THIS APPLICATION WILL NOT BE CONSIDERED UNTIL ALL PROPER DOCUMENTS ARE RECEIVED.

Lee County Disabilities & Special Needs Board is an equal opportunity employer.

**LEE COUNTY DISABILITIES & SPECIAL NEEDS BOARD
REFERENCE FORM**

The applicant listed below is formally applying for a position with the Lee County Disabilities & Special Needs Board. All information provided will be considered strictly confidential.

South Carolina law grants immunity from civil liability to a previous employer for good-faith comments about job performance made without malice or reckless disregard for the truth when responding to a written request from a prospective employer.

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents and employees of the Lee County Disabilities and Special Needs Board which may include, but not limited, to information concerning my past and present work; including my official personnel files, attendance records, evaluations, educational records including transcripts, military service, law enforcement records; and any personnel records deemed necessary. In addition, I consent to authorize appropriate officers, agency and employees of Lee County Disabilities and Special Needs Board to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organizations, all third parties from any and all claim of whatever nature that I may have as a result of any inquiry or response given o such inquiries made in connection with my application for employment.

Name of Applicant: _____

SS# (last four digits): _____

Position Applicant Applying for: _____

Signature of Applicant: _____ Date: _____

TO APPLICANT: Many people will not complete the reference unless confidentiality can be assured. Please sign/date the waiver of access below. All applications and accompanying records become the property of the Lee County Disabilities & Special Needs Board and are not available to candidates.

WAIVER OF ACCESS: I, the undersigned, waive any right of access to this reference.

Signature of Applicant: _____ Date: _____

LEE COUNTY DISABILITIES & SPECIAL NEEDS BOARD
AVAILABILITY FOR SHIFT WORK (RESIDENTIAL DIRECT CARE STAFF ONLY)

The residential program require that staff be available in our residential facilities at all times when the individuals are there (evenings and nights, weekends and holidays).

I can work all shifts, weekends and holidays. Yes ____ No ____

If no, please explain: _____

Signature

Print Name

Date

LEE COUNTY DISABILITIES & SPECIAL NEEDS BOARD
APPLICANT'S CERTIFICATION AND AGREEMENT

Please read very carefully before signing.

- I certify that I have never been involved in a substantiated case of abuse or neglect.
- I have no objection to having my criminal record check with the SC Law Enforcement Division.
- I agree to submit to a pre-employment physical examination (which includes a tuberculin skin test and drug screen) by a facility designated by this agency. I am aware that I will be responsible for the cost which is \$80.00 to be paid in full to this agency prior to an appointment being made.
- I am aware that test results indicating the presence of illegal or non-prescribed chemicals or refusal to submit to the pre-employment drug screening will result in my being excluded from further employment consideration.

I certify that this application was completed by me, that all information on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance which might be relevant to my being considered for employment. I understand that falsifying or omitting information on this application or any accompanying documents may cause me to be disqualified from further consideration or dismissed from employment if hired, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I understand that all offers of employment are conditional contingent upon receipt of satisfactory reference checks, satisfactory criminal records check, acceptable driver's license report, satisfactory medical examination/drug screen/tuberculin skin test, receipt of educational achievement, and satisfactory completion of required training and personnel paperwork.

If hired, I agree to abide by all agency policies, rules, regulations, and understand that the agency has the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, otherwise change all policies, procedures, benefits, or other terms or conditions or employment.

I understand that any employment relationship with this agency is of an "at will" nature, which means that either the employer or the employee can terminate the employment relationship at any time, for any or no reason, with or without prior notice. I also understand 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 agency.

Continued on next page.

I further understand that *nothing in this application or agency policy, written or unwritten, creates a contract of employment between me and Lee County Disabilities & Special Needs Board*. I am not guaranteed employment in general or any specific job in particular for any specified period of time.

I understand that *completion* of this Application for Employment does not guarantee that I have been employed by this agency, nor does it guarantee that I will be offered employment.

Signature of Applicant: _____ Date: _____

LEE COUNTY DISABILITIES & SPECIAL NEEDS BOARD
APPLICATION FOR EMPLOYMENT

(Type or print using black or dark blue ink.)

This application must be completed in full even if attaching a resume.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions and supplied all required documents. Use blank paper if you do not have enough space on this application. PLEASE PRINT, except for any request for your signature.

Position Applied for: _____ Date of Application: _____

Referred by: _____ Date you can start: _____

Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with this agency? Yes _____ No _____ If "yes", please explain: _____

Have you ever worked at the Lee County DSN Board before? Yes _____ No _____ If "yes", when? _____

Do you have relatives employed by this agency? Yes _____ No _____ If "yes", give name(s) and relationship(s): _____

PERSONAL INFORMATION:

Name: _____
Last First Middle Initial

Street Address: _____
Street City Zip Code

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Are you 18 years of age or older? Yes _____ No _____ (If hired, you may be required to submit proof of age.)

If hired, can you furnish proof that you are legally eligible to work in the U.S.? Yes _____ No _____
(Proof of identity and eligibility to work in the United States will be required upon employment.)

Do you possess a valid driver's license? Yes _____ No _____ DL#: _____ Expires: _____

Did you serve in the U.S. Armed Forces? Yes_____ No_____ If "yes", you must provide a copy of your DD214

Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? Yes_____ No_____

If "yes", please explain: _____

NOTE: Applicant, please note that conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Have you ever been discharged from any employment or asked to resign? Yes_____ No_____

If "yes", please explain: _____

EDUCATION

SCHOOL/LOCATION	COURSE OF STUDY	DIPLOMA/DEGREE

What skills or additional training do you have that are related to the job for which you are applying?

Have you completed any special courses, seminars, and /or training that would enable you to better perform the position for which you are applying? Yes_____ No_____

If "yes", please describe: _____

WORK HISTORY

List employers in consecutive order with present or last employer listed first. Include military service and job-related volunteer work. All information in this section must be complete. A resume may be attached, but not substituted for completing this section. *You must provide a complete address for each employer.*

Employer:	Supervisor:
Address:	Dates: From: To:
Telephone:	Pay: Start \$: Ending \$:
Position Held:	Reason for Leaving:
Duties:	Duties (continued):

Employer:	Supervisor:
Address:	Dates: From: To:
Telephone:	Pay: Start \$: Ending \$:
Position Held:	Reason for Leaving:
Duties:	Duties (continued):

Employer:	Supervisor:
Address:	Dates: From: To:
Telephone:	Pay: Start \$: Ending \$:
Position Held:	Reason for Leaving:
Duties:	Duties (continued):

Employer:	Supervisor:
Address:	Dates: From: To:
Telephone:	Pay: Start \$: Ending \$:
Position Held:	Reason for Leaving:
Duties:	Duties (continued):

PERSONAL REFERENCES- excluding former employers or relatives

Name:	Telephone:
Address:	Occupation:

Name:	Telephone:
Address:	Occupation:

Name:	Telephone:
Address:	Occupation:

Signature of Applicant: _____ Date: _____

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

SECTION I. Purpose for Request

A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:

- ☐ becoming or remaining a foster parent or potential adoptive parent; or
- ☐ becoming or remaining an employee of or a member of the state or a local foster care review board; or
- ☐ becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.

B. ☒ I am requesting a search ONLY of the Central Registry of Child Abuse and Neglect for a purpose of Lee County DSN Employment

SECTION II. Mail Results To:

Lee County Disabilities & Special Needs Board ATTN: Denise S. Lloyd
Post Office Box 468 TEL. NO: (803) 484-9473 X225
Bishopville, SC 29010

SECTION III. Central Registry Check Fees: Please ☒ appropriate box and include payment. Check or Money Order (NO CASH).

- | | |
|--|--|
| <input checked="" type="checkbox"/> Non-Profit Entities.....\$8.00 | <input type="checkbox"/> Name Changes.....\$8.00 |
| <input type="checkbox"/> For-Profit Entities.....\$25.00 | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00 |
| <input type="checkbox"/> State Agencies.....\$8.00 | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00 | |

SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)

Name: _____ DOB: _____ Sex: _____ Race: _____
Maiden/Aliases: _____ Name Change: _____
Place of Birth: _____ SSN: (See Instructions) _____
Current Address: _____ Previous Address: (See Instructions) _____

SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.

Signature of Applicant

Date

Signature of Notary or Witness

Date

SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.

- ☐ The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call _____ if you have any questions.
- ☐ The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

Authorized DSS Employee

Date