

Employment Policies

Drug and Smoke Free Workplace
 Direct Deposit of Pay
 Pre-Employment Background Investigation
 Pre-Employment Drug Screening

Application Must be Complete to be
 Considered for Employment and Must
 Be Completed in Black Ink.

County of Edgefield
Application for Employment
 124 Courthouse Square, Edgefield, SC 29824
Equal Opportunity Employer



App No. _____ Assigned by Personnel

Date: ____/____/____

Positions for which I am applying:

- 1) _____
- 2) _____
- 3) _____

Last Name:		First Name:		Middle:		Other name you may be known as:	
Present Address:		City and State:		Zip Code:		County:	
Date Available:		Salary Expected:		Are you legally eligible for employment in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone: 1) _____ 2) _____	
Work Status Desired Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		Hours Available:		Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you previously employed by Edgefield County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state when and where employed: _____ . What department? _____ . When? _____ .					
Do you have any relatives working for Edgefield County? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes – Name: _____		Relationship: _____			
No two members of an immediate family may be employed in the same department if one would be supervising the other or have any influence over the position.							
Do you have a valid SC Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes – State: _____		Number: _____			
Class II: <input type="checkbox"/> Yes <input type="checkbox"/> No		Class III: <input type="checkbox"/> Yes <input type="checkbox"/> No		CDL: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted, pled guilty, or pled nolo contendere to any crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain the charge(s), date(s), and disposition(s) in detail: (Conviction is not an automatic bar from employment – circumstances will be considered.)							
Have you ever been bonded in prior employment? <input type="checkbox"/> Yes <input type="checkbox"/> No. If YES, list name(s) of employer(s): _____							

EDUCATION	Name & Location of School	Course of Study	Years Completed	Did You Graduate?
Elementary			to	
High School			to	
College		Major: Degree:	to	
Post Graduate		Major: Degree:	to	
Technical / Business / Other			to	

SKILLS	Typing: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ wpm	Dictaphone: <input type="checkbox"/> Yes <input type="checkbox"/> No	Note: Test may Be required!
	Shorthand: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ wpm		
Word Processing: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ wpm	Data Entry: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Were you in the Armed Forces? Yes No If YES, Branch: _____ Dates of Duty: _____
 Rank at Discharge: _____ List duties and special training: _____

PERSONAL REFERENCES List three references who are not relatives or previous employers

Name	Address	Occupation	Years Acquainted	Phone Number
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

List any qualifications you have other than employment history for the position you are applying: _____

(Please Do Not Write Below This Line)

PRE-EMPLOYMENT INFORMATION FORM

Qualified applicants are considered for employment and employees are treated during employment without regard to race, religion, sex, national origin, age, marital status, or disability.

To help us comply with Federal/State Equal Employment Opportunity recordkeeping, reporting and other legal requirements, please answer questions on the back of this form.

This Pre-Employment Information will be kept in a Confidential File, separate from the attached Application for Employment

Edgefield County is an Equal Employment Opportunity Employer

Employment History

List all present and past employment, beginning with the most recent for the past 10 years or since high school. If necessary, use additional paper. **All time must be accounted for!**

Employer:	Address: include City, State & Zip	From:	To:
Duties:			Position:
Final Salary:	Supervisor:	Phone #:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:		Reason for Leaving:	
Employer:	Address: include City, State & Zip	From:	To:
Duties:			Position:
Final Salary:	Supervisor:	Phone #:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:		Reason for Leaving:	
Employer:	Address: include City, State & Zip	From:	To:
Duties:			Position:
Final Salary:	Supervisor:	Phone #:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:		Reason for Leaving:	
Employer:	Address: include City, State & Zip	From:	To:
Duties:			Position:
Final Salary:	Supervisor:	Phone #:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:		Reason for Leaving:	
Employer:	Address: include City, State & Zip	From:	To:
Duties:			Position:
Final Salary:	Supervisor:	Phone #:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:		Reason for Leaving:	

READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN. APPLICATIONS WHICH ARE NOT SIGNED WILL NOT BE CONSIDERED FOR EMPLOYMENT

I hereby affirm that all statements made herein are true and correct. I authorize the County to conduct whatever investigation it deems necessary to confirm the statements submitted on this application. I understand that any misstatement or omission of fact on this application shall be sufficient grounds for refusal to hire or dismissal I also authorize and request each former employer and person, firm or corporation given as a reference to answer any and all questions that may be asked and to give any and all information that may be sought in connection with application concerning my work habits, character or skill. I agree to submit myself, upon request, for physical examination by a physician selected by the County and understand that failure to meet the physical requirements may disqualify me for employment. The use of this application form does not indicate that there are any positions available, and in no way obligates the County. **I understand and agree that if I am employed, I may terminate my employment at any time, with or without notice and without cause. I understand that the County has the same right.**

All tentatively selected candidates for employment with Edgefield County will be required to submit and pass a pre-employment drug test and background screening as a condition of employment. If employed, the name on your social security card will be used on the payroll. I understand that the U.S. Government required by the County to verify my eligibility for U.S. employment and my identity. I understand that the County must decline to hire me if I fail to present adequate proof of my eligibility and identity.

Date: ____/____/____ Signature: _____

Applicant Please Complete This Section (See reverse side for explanation) Date: ____/____/____

SSN: ____-____-____ Position(s) applied for: 1) _____ 2) _____
 Name: _____ Phone #: _____ Address: _____
 Date of Birth: _____ Age: ____ Sex: Male Female Are you a Vietnam Era Veteran? Yes No
 Disabled? Yes No Percent of Disability ____ %
 Vietnam Era: Pre-Vietnam During Vietnam Post-Vietnam
 United States Citizen: Yes No
 Race / Ethnic Group: White Black American Indian / Alaska Native Asian / Pacific Islander
 Referral Source: Advertisement School Placement Employment Agency County Employee Job Service
 Other (specify): _____

EDGEFIELD COUNTY US ONLY

Dept/Div: _____ <input type="checkbox"/> New Position <input type="checkbox"/> Existing Position-Replacing: _____		
Position: _____ Effective Date: _____ Requested Grade: _____ Step: _____ Salary: Hr _____ OT _____ B/W _____ A _____		
Comments: _____ Scheduled Hours: _____		
Approvals: Dept Head / Date	Personnel Director / Date	County Administrator / Date



Edgefield County Sheriff's Office

Adell Dobey, Sheriff

200 Railroad Street, Edgefield, Sc 29824

(803) 637-5337 OR (803) 278-1625, FAX # (803) 637-4016

EDGEFIELD COUNTY SHERIFF'S OFFICE DISCLAIMER NOTICE

I, _____, understand that I will be asked to complete a series of tests to establish my suitability for employment with the Edgefield County Sheriffs Office. Such tests may include, but are not limited to, a written examination, oral interview(s), health examination(s), polygraph examination(s), a drug screening test, a complete background check, a psychological test and assessment, and a physical fitness test.

I further understand that any and all tests, which include a background check, are the Property of the Edgefield County Sheriffs Office, and that the department and its agents and/or representatives are under no obligation whatsoever to make test results known to me.

I hereby release Edgefield County, the Edgefield County Sheriffs Office, and any other individual from any and all claims, damages, causes of actions and the like of whatever kind or nature, which may at any time result from my participation in the employment process.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND SIGN THE SAME OF MY OWN FREE WILL.

Signature of Applicant

Signature of Witness

Date



Edgefield County Sheriff's Office

Adell Dobey, Sheriff

200 Railroad Street, Edgefield, Sc 29824

(803) 637-5337 OR (803) 278-1625, FAX # (803) 637-4016

May 24,2001

AMENDED: January 10,2007

To all Applicants:

Effective June 1, 2001, All applicants should be aware that a physical fitness test, meeting the South Carolina Criminal Justice Academy Standards, will be administered prior to official hiring of applicant. Also, all applicants will need to meet or exceed the Law Enforcement Officers Essential Job Functions for South Carolina that was adopted by the Edgefield County Sheriff's Office on July 1, 2001. All applicants that are already Class I Law Enforcement Officers prior to hiring may be exempt from the above.

Thank you,

A handwritten signature in black ink, appearing to read "A. Dobey", is written over a horizontal line.

Sheriff Adell Dobey



Edgefield County Sheriff's Office

Adell Dobey, Sheriff

200 Railroad Street, Edgefield, Sc 29824

(803) 637-5337 OR (803) 278-1625, FAX # (803) 637-4016

Information Release

I, _____, give permission to your agency to release any and all information needed to the submitting agency for employment purposes. The following information is supplied for your convenience.

Name: _____

SSN: _____

Address: _____

DOB: _____

Previous Address (If less than two years at present address):

Signature: _____

Date: _____