



Fairfield County Employment Application

An Equal Opportunity/Affirmative Action Employer

Any person offered a County position may be required to take a drug test and submit to a background investigation. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or disability.

Submit by U.S. Mail, Fax, or Email: Fairfield County Human Resources Department, P.O. Drawer 60 Winnsboro, SC 29180, (803) 712-6512, jobs@fairfield.sc.gov.

APPLICANT INFORMATION

Date: _____ Date Available: _____

Full Name: _____
LAST FIRST MIDDLE OR MAIDEN

Address: _____
STREET
CITY STATE ZIP CODE

Phone (s): _____ Email: _____

Position For Which Applying: _____ How did you hear about the position?: _____

Will You Accept: Temporary Work YES NO
Part Time Work YES NO

Do you have a valid driver's license? YES NO

(Acceptance or refusal of Temporary or Part-Time work will not affect your consideration for other appointments).

EMPLOYMENT HISTORY

NO RESUME WILL BE ACCEPTED UNLESS ACCOMPANIED BY A FULLY COMPLETED APPLICATION.

Please provide a complete record of your employment history including part-time work, military experience, and volunteer experience. Start with your present employer and work backwards. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment.

Dates of Employment: From _____ To _____ Job Title: _____
(MONTH AND YEAR)

Employing Firm: _____ Supervisor: _____

Address: _____
CITY STATE ZIP CODE

Phone: _____ Avg. Hours Per Week: _____

Starting Salary: \$ _____ Reason for Leaving: _____
Ending Salary: \$ _____

Duties: _____



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EMPLOYMENT HISTORY CONTINUED

Dates of Employment: From _____ To _____
(MONTH AND YEAR)

Job Title: _____

Employing Firm: _____

Supervisor: _____

Address: _____

CITY STATE ZIP CODE

Phone: _____

Avg. Hours Per Week: _____

Starting Salary: \$ _____
Ending Salary: \$ _____

Reason for Leaving: _____

Duties: _____

Dates of Employment: From _____ To _____
(MONTH AND YEAR)

Job Title: _____

Employing Firm: _____

Supervisor: _____

Address: _____

CITY STATE ZIP CODE

Phone: _____

Avg. Hours Per Week: _____

Starting Salary: \$ _____
Ending Salary: \$ _____

Reason for Leaving: _____

Duties: _____

Dates of Employment: From _____ To _____
(MONTH AND YEAR)

Job Title: _____

Employing Firm: _____

Supervisor: _____

Address: _____

CITY STATE ZIP CODE

Phone: _____

Avg. Hours Per Week: _____

Starting Salary: \$ _____
Ending Salary: \$ _____

Reason for Leaving: _____

Duties: _____

May we contact your current employer for a reference? YES NO

May we contact your former employers for a reference? YES NO

Please list employers **NOT** to contact: _____



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EDUCATION AND TRAINING

Circle Highest Grade Completed

Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12

○ ○ ○ ○ ○ ○ ○ ○

○ ○ ○ ○

Diploma/GED

Correspondence Course

Years Completed:

List High School Or Other Training Schools: (Trade, Vocational, Military, Business, Etc.)

CERTIFICATE OR LICENSE

CERTIFICATE OR LICENSE

CERTIFICATE OR LICENSE

Higher Education

College: _____

Major/Minor: _____

Degree/Certificates (1st): _____

Degree/Certificates (2nd): _____

Degree/Certificates (3rd): _____

Graduate School: _____

Major/Minor: _____

Degree/Certificates (1st): _____

Degree/Certificates (2nd): _____

Degree/Certificates (3rd): _____

Dates Attended: From _____ To _____

Did You Graduate? YES NO No. Hours Completed: _____

Year Awarded: _____

Year Awarded: _____

Year Awarded: _____

Dates Attended: From _____ To _____

Did You Graduate? YES NO No. Hours Completed: _____

Year Awarded: _____

Year Awarded: _____

Year Awarded: _____



EDUCATION AND TRAINING CONTINUED

List Any School or College Honors:

List Any Special Qualifications and Skills: (Licenses, Skills with Machines or Equipment, Public Speaking, Membership in Professional or Scientific Societies, Typing and Shorthand Speed, Etc)

List any additional experience, training or education related to the position applied for: _____

REFERENCES

List three persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. DO NOT repeat names of Supervisors listed under employment history.

Full Name: _____

Phone | Email: _____

Business Or Occupation: _____

Full Name: _____

Phone | Email: _____

Business Or Occupation: _____

Full Name: _____

Phone | Email: _____

Business Or Occupation: _____

I certify that all of the statements made in this application are true, complete, and correct, to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of my application.

SIGNATURE OF APPLICANT

DATE



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FAIRFIELD COUNTY EQUAL EMPLOYMENT OPPORTUNITY

The following information is requested on a voluntary basis. The information will be used for research and analysis purposes only and will not be used in making any employment decision.

Date: _____
MONTH DAY YEAR

Name: _____
FIRST MIDDLE/MAIDEN LAST

Sex: _____ Age: _____

Race: BLACK WHITE SPANISH SURNAMED AMERICAN INDIAN OTHER

Position Applied For: _____



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RELEASE OF INFORMATION AUTHORIZATION FORM

Fairfield County Administration
350 Columbia Road Post Office Drawer 60
Winnsboro, South Carolina 29180
(803) 635-1415

Please sign the following release of information authorization form:

Authorization is hereby given to investigate my records, character, and qualifications with past employers, schools, activities, police and FBI records. I, hereby release all _____ sources from all liability.

FIRST, MIDDLE/MAIDEN, LAST

Date Of Birth: _____

Social Security Number: _____

Driver License (State Issued): _____

Driver License (Number): _____

SIGNATURE OF APPLICANT

DATE

WITNESS SIGNATURE

DATE

References are checked only after offer of employment.