

SPARTANBURG COUNTY  
**EMPLOYMENT APPLICATION**

*Spartanburg County is an equal employment opportunity employer, and makes all employment decisions without regard to disability, handicap, race, color, religion, sex, veteran's status, national origin, citizenship or age. Opportunity for employment with Spartanburg County depends on qualification: and performance.*

DATE \_\_\_\_\_

SOCIAL SECURITY NO.

Mr   
Mrs   
NAME: Miss

\_\_\_\_\_  
(LAST)

\_\_\_\_\_  
(FIRST)

\_\_\_\_\_  
(Middle or Maiden Name -  
if used on any work or  
school records)

ADDRESS \_\_\_\_\_

(STREET ADDRESS/ROUTE)

(P.O. BOX)

(APT. NUMBER)

\_\_\_\_\_  
(CITY/COUNTY)

(STATE)

(ZIP CODE)

TELEPHONE \_\_\_\_\_

(HOME PHONE)

(BUSINESS PHONE)

May we call you at work?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you 21 years of age or older?  Yes  No

POSITION APPLIED FOR \_\_\_\_\_ SALARY EXPECTED \_\_\_\_\_

REFERRAL SOURCE.  Advertisement  Friend  Other \_\_\_\_\_

DO YOU WANT TO WORK?  Fulltime  Parttime  On Shifts \_\_\_\_\_

HAVE YOU EVER WORKED FOR SPARTANBURG COUNTY BEFORE? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

IF HIRED, ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK? \_\_\_\_\_

HAVE YOU EVER BEEN BONDED?  Yes  No If so, for what job? \_\_\_\_\_

ARE YOU A VETERAN?  Yes  No If yes, what branch of military service? \_\_\_\_\_

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Year Completed				Name of Degree or Certifying	Major/Minor
Elementary			5	6	7	8		
High			1	2	3	4		
College			1	2	3	4		
Other (specify)								

CHECK (IF APPLICABLE) CERTIFICATION, LICENSING, APPRENTICESHIP, OR EXPERIENCE:

CLERICAL SKILLS:       ADDING MACHINE       CALCULATOR       TYPING SPEED \_\_\_\_\_  
 SHORTHAND SPEED \_\_\_\_\_       COMPUTER       ACCOUNTING

COMPLETION OF SC CRIMINAL JUSTICE

VALID SC DRIVER'S LICENSE       VALID COMMERCIAL DRIVER'S LICENSE (CDL)      CDL License Class \_\_\_\_\_

JOURNEYMAN'S CERTIFICATION:

PLUMBING       HVAC       ELECTRICAL

CDL Endorsements:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CDL Restrictions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any specialized skills or training that may be applicable to positions for which you are qualified:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER LICENSE OR CERTIFICATIONS: \_\_\_\_\_

\_\_\_\_\_

ARE YOU RELATED TO ANYONE EMPLOYED BY SPARTANBURG COUNTY?

NAME	RELATIONSHIP	DEPARTMENT

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME	ADDRESS	TELEPHONE NUMBER

Have you been convicted of a crime other than minor traffic violations?	YES <input type="checkbox"/> NO <input type="checkbox"/>	NOTE: A "yes" answer to this question will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.
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IF YES:	Charge(s)	Where Convicted	Date	Disposition or Current Status



**PERSONAL REFERENCES (Not former employers or relatives)**

Name and Occupation	Address	Phone Number

*I hereby certify that the facts in this application are true and accurate and that any misrepresentation or omission of facts may result in my being disqualified or my being discharged. You are hereby authorized to make any investigation of my personal employment, financial or medical history or any other related matters considered necessary.*

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**APPLICANT NOTICE OF DRUG ABUSE SCREENING**

Spartanburg County has approved and administers an Alcohol and Drug Abuse Policy for all county employees and applicants. Compliance with this policy is a condition of employment.

Every offer of employment is conditioned upon the applicant successfully completing a post-offer medical examination which includes an urinalysis test to detect illegal substance use. If an applicant's initial urinalysis test is positive, a confirmation test will be conducted on the same specimen to rule out false-positives. If the confirmation test is positive, the applicant will be advised that he/she did not successfully complete the urinalysis test. A tampered specimen is regarded the same as a positive specimen. Before an applicant can be reconsidered for any position with Spartanburg County government, he/she must receive professional evaluation which may include a rehabilitation program at a facility approved by the county at the applicant's expense.

**AT-WILL EMPLOYMENT DISCLAIMER**

The contents of this application are not intended to create a contract between the county and any employee. Nothing in the application binds the county or any employee to any specific or definite period of employment, or to any specific procedures, policies, guidelines, ruin, or terms and conditions of employment. As an employee, you are completely free to leave the county at any time you choose, and the county has the same right to end the employment relationship.

*I have read and/or been explained and I understand the above statement*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Personnel Director/Designee

Additional Comments:

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# South Carolina Department of Motor Vehicles

MV-70  
(Rev. 2/06)

## Request for Driver Information

### PART 1

Part 1 must be completed before information listed on Parts 2 (single request) or 3 (multiple requests) will be released. Check the boxes of permissible uses that apply to you under Federal Law (18 USC, Chapter 123). Persons submitting this form to obtain someone else's record should read the Federal law before signing. See Part 3 of this form for how to find a copy of the law.

Under Federal Law, driver personal information may be obtained only for certain uses. The following is a short version of permissible uses:

- 1. For use by any government agency in carrying out its functions.
- 2. For a business to verify the accuracy of personal information previously provided to the business.
- 3. To use in any court proceeding, or investigation in anticipation of litigation.
- 4. For research and statistical purposes so long as the personal information is not published, redisclosed, or used to contact individuals. (Such requests are processed only in Blythewood DMV Headquarters. See special instructions on back of this form.)
- 5. For use by an insurer for claims investigations, rating and underwriting.
- 6. For use by an employer or their insurer to verify commercial driver license information.
- 7. For any other use by the driver or by written consent of the driver. (See "Consent" in Part 2.)

Under penalty of perjury, I state that I am entitled to receive and use this information as permitted under the Driver's Privacy Protection Act of 1994 (18 USC, Chapter 123 as amended). I further acknowledge that if I misuse this information or give it to someone who uses it for an unauthorized purpose, I may be subject to Federal criminal law as well as a civil lawsuit where the minimum award is \$5,000.00.

Spartanburg County Government

Print Name of Person/Business Requesting Information

Date

PO Box 5666, Spartanburg, SC 29304

Address of Person/Business Requesting Information

Terry Booker

Print Name of Person Receiving Information

*Terry Booker*  
Signature of Person Receiving Information

### PART 2 - To be used to obtain information on a single driver.

Name

DL/BP/ID # (if available)

Date of Birth

Information Requested: DMV License Check

### CONSENT: (only needed if Box 7 of Part 1 is checked)

I, \_\_\_\_\_, give consent for the release of my personal information to  
Print name of Driver  
the person shown above.

Signature of Driver

Date

### REQUIRED FEES FOR EACH SEPARATE DOCUMENT:

Copy of MVR	\$ 6.00
Copy of Ticket/Suspension Notices	\$ 6.00
Other related documents	\$ 6.00

### MAIL TO:

Alternative Media  
P.O. Box 1498  
Blythewood, SC 29016-0035

**Make check or money order payable to: S C Department of Motor Vehicles. (NO CASH ACCEPTED)**

### OFFICE USE ONLY

Identification presented by person receiving information	Office Code	Employee Processing Request	Date
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