

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? _____

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:

APPLICATION ADDENDUM

SPARTANBURG COUNTY POSITIONS SUBJECT TO RANDOM DRUG TESTING

AS OF AUGUST 14,1995

OTHER COUNTY POSITIONS DEEMED AS SAFETY SENSITIVE WILL BE ADDED AS NECESSARY

IN ACCORDANCE WITH THE COUNTY'S ALCOHOL AND DRUG ABUSE POLICY, EMPLOYEES IN "SENSITIVE JOBS" WILL BE SUBJECT TO RANDOM TESTING. SENSITIVE JOBS INCLUDE: SAFETY-SENSITIVE JOBS, EMPLOYEES ASSIGNED TO DRUG INTERDICTION DUTIES, AND EMPLOYEES WHO CARRY FIREARMS, AND HEAVY EQUIPMENT OPERATORS REQUIRED TO POSSESS A COMMERCIAL DRIVER'S LICENSE. THE COUNTY WILL MAINTAIN A LIST OF SUCH JOBS AND WILL NOTIFY EMPLOYEES WHO HOLD SUCH POSITIONS. THESE ARE LAW ENFORCEMENT OFFICIALS IN THE SHERIFF'S OFFICE, DETENTION FACILITY, DEPARTMENTS WHERE EMPLOYEES ARE COMMISSIONED TO CARRY FIREARMS, AND HEAVY EQUIPMENT OPERATORS REQUIRED TO POSSESS A COMMERCIAL DRIVER'S LICENSE.

SPARTANBURG COUNTY AND/OR THE SPARTANBURG COUNTY SHERIFF RESERVES ITS/HIS, RIGHT TO PROMPTLY TERMINATE ANY EMPLOYEE IN A SAFETY SENSITIVE POSITION, SUCH AS IN LAW ENFORCEMENT OR A COMMISSIONED COUNTY LAW ENFORCEMENT OFFICER, WHO TESTS POSITIVE FOR ALCOHOL OR DRUGS UNLESS SUCH DRUGS ARE BEING PRESCRIBED FOR SUCH EMPLOYEE PURSUANT TO A COURSE OF LEGITIMATE MEDICAL TREATMENT.

EMPLOYEES IN THE FOLLOWING DEPARTMENTS, EXCLUDING CLERICAL EMPLOYEES UNLESS OTHERWISE NOTIFIED, WILL BE REQUIRED TO PARTICIPATE IN SPARTANBURG COUNTY'S RANDOM DRUG SCREENING PROGRAM.

SHERIFF'S OFFICE

SHERIFF
MAJOR
ADM. ASST. OFFICER/SHERIFF
ALL COMMISSIONED OFFICERS/
CONSTABLES

DETENTION

~~DIRECTOR~~
ALL COMMISSIONED OFFICERS

COMMUNICATIONS

DIRECTOR
ASSISTANT DIRECTOR
SHIFT SUPERVISORS
ASST. SHIFT SUPERVISORS
TRAINING COORDINATOR
TELECOMMUNICATORS
TELEPHONE OPERATORS

**SPARTANBURG COUNTY
COMMISSIONED PERSONNEL**

ANIMAL CONTROL OFFICER
LITTER ENFORCEMENT OFFICER
INVESTIGATORS (SOLICITOR)
VEHICLE MAINT. DIRECTOR/
LAW ENFORCEMENT OFFICER
AUTO SHOP MANAGER/LAW
ENFORCEMENT OFFICER
SECURITY GUARD

PRE-TRIAL DIVERSION

DIRECTOR
SECRETARY
COUNSELORS I, II, III

**ENVIRONMENTAL SERVICES/
ENGINEERING**

FOREMAN II
ALL MEO'S I - IV

**ENVIRONMENTAL SERVICES/
SOLID WASTE**

ALL MEO'S I - IV

ROAD MAINTENANCE

FOREMAN II
ALL MEO'S I - IV

**HEAVY EQUIPMENT OPERATORS INCLUDING THOSE REQUIRED
TO POSSESS COMMERCIAL DRIVER'S LICENSE**

I HAVE READ AND/OR BEEN EXPLAINED, AND I UNDERSTAND THE ABOVE STATEMENT AND LIST OF SPARTANBURG COUNTY POSITIONS SUBJECT TO RANDOM DRUG TESTING.

Applicant's Signature

Date



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
--	-------------	-----------------------------	------