



SUMTER COUNTY DISABILITIES
AND SPECIAL NEEDS BOARD
(SCDSNB)

Celebrating Abilities

750 Electric Drive
PO Box 2847
Sumter SC 29151-2847
803.778.1669

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

INSTRUCTIONS FOR APPLICANTS

Application must be either typed or completed with black or dark blue ink (no pencil).

All applicants must be at least 18 years of age, have at least a high school diploma or GED, and have a valid South Carolina driver's license (or from home of record, if military or student).

1. **Application Form** – Application must be either completed online and printed (adding your signature after printing) or printed and completed by hand (neatly print!). All spaces must be completed fully. If requested information does not apply to you, please write N/A in the blank.
2. **Availability of Residential and Day Program Direct Care Applicants Form** – 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 prior employment references. ***You must provide complete mailing addresses!***
4. **Applicant's Certification and Agreement Form** – Read, sign and date.
5. **Voluntary Self-Identification Form** - The completion of this form is voluntary.
6. **South Carolina Law Enforcement Division Criminal Records Check** - Print out the Criminal Records Check form and complete the requested information. Attach to the printed application. **Do not include any funds.** Payment will not be required unless you are offered employment.
7. **South Carolina Department of Social Services Consent to Release Information** – Complete the form fully. Be sure to sign and date the bottom, as well as have a witness sign and date. **Do not include any funds.** Payment will not be required unless you are offered employment.
8. Either mail or take the completed application, and two background check forms) to the SCDSNB administration office, located at 750 Electric Drive, Sumter, SC, 29153.
9. The application will be reviewed by Human Resources. If you are selected for an interview, you will be contacted at that time. ***Please do not call to check on your application.***
10. If contacted for an interview, the following information will be required at that time:
 - a. Copy of Driver's License (Driving Permit not accepted)
 - b. Copy of High School Diploma or GED
 - c. Official ten year driving record from the SC Department of Motor Vehicles (they will charge a fee)
 - d. If you have military service, a copy of your military discharge DD214 Form.
11. Applications are kept on file for up to six months.

We are an equal opportunity, affirmative action employer and encourage internal promotion prior to consideration of new hires.

**SUMTER COUNTY DISABILITIES AND SPECIAL NEEDS BOARD
EMPLOYMENT APPLICATION**

(Type or print using black or dark blue ink)

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

The Sumter County Disabilities and Special Needs Board is an equal opportunity employer and does not discriminate against otherwise qualified applicants 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. In reading and answering the questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

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

Position applied for: _____ Date of application: _____

Referred By: _____ Date Can Start _____

Consistent attendance and punctuality are essential requirements of every job with this agency. 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 for the Sumter 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

Mailing Address: _____

Home Phone: () Cell Phone: ()

Are you 18 years of age or older? Yes___ No___ (If you are 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.)
 - All employees may be required to drive agency vehicles. Do you possess a valid S.C. driver's license?
Yes___ No___ Number:_____ Expires:_____
 - A military dependent may use home state of record State:_____
Number:_____ Expires:_____
 - Did you serve in the U.S. Armed Forces? Yes___ No___ *must provide a copy of your DD214 if interviewed*
 - Have you ever pled guilty or been convicted of a crime other than a minor traffic infraction? 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	
		yes	No
		yes	No
		yes	No
		yes	No

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:

Are you employed now? Yes___ No___ If so, may we contact your present employer Yes___ No___
If presently employed, why are you considering leaving? _____

Explain any breaks in employment longer than one month: _____

Have you worked or attended school under any other names? Yes___ No___ If yes, give names: _____

 **YOU MUST PROVIDE COMPLETE MAILING ADDRESSES FOR ALL REFERENCES!**

List employers, for the last ten years, in consecutive order with present or last employer listed first. Describe your work experience in detail, beginning with your current or most recent job. Include military service and job-related volunteer work, if applicable. Provide an explanation for any gaps in employment. 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 Address City, State, Zip Code Telephone	Supervisor
	Dates: From To
	Pay: Start \$ Ending \$
Title	Reason for leaving
Duties	

Employer Address City, State, Zip Code Telephone	Supervisor
	Dates: From To
	Pay: Start \$ Ending \$
Title	Reason for leaving
Duties	

Employer Address City, State, Zip Code Telephone	Supervisor
	Dates: From To
	Pay: Start \$ Ending \$
Title	Reason for leaving
Duties	

Employer Address City, State, Zip Code Telephone	Supervisor
	Dates: From To
	Pay: Start \$ Ending \$
Title	Reason for leaving
Duties	

**AVAILABILITY OF
RESIDENTIAL AND DAY PROGRAM DIRECT CARE APPLICANTS**

The residential and day program requires that staff be available in our day and residential facilities at all times when the individuals are there – days, evenings, nights, weekends, and holidays.

Desired Program: (Note – Times of Shifts may vary)

Day Program ____

Residential ____

Desired position: Sub ____ (works on an on-call basis)

PT ____ (works up to 29 hours per week)

FT ____ (works 40 hours per week)

I can work weekends and holidays. Yes ____ No ____

If no, please explain: _____

Signature

Print Name

Date

REFERENCE FORM

The applicant listed below is formally applying for a position with the Sumter County Disabilities and 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 Sumter County Disabilities and Special Needs Board which may include, but not be limited to, information concerning my past and present work; including my official personnel files; attendance records, evaluations, education records including transcripts, military service, law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents and employees of Sumter 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 to such inquiries made in connection with my application for employment.

Name of applicant: _____

SSA: XXX – XX- _____ (last four of Social Security number)

Position applicant is applying for: _____

Signature of Applicant: _____ Date: _____

TO APPLICANT: Many people will not complete the reference unless confidentiality can be assured. Please sign and date the waiver of access below. All applications and accompanying records become the property of the Sumter County Disabilities and 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 _____

VOLUNTARY SELF-IDENTIFICATION FORM

The Sumter County Disabilities and Special Needs Board is required by federal law to maintain the following information for equal employment opportunity purposes. The requested information is voluntary. All information received will be kept confidential and separate from your personnel file. Refusing to complete this form will in no way result in an adverse employment action.

1a. Please check one:

Elect not to self-identify.

Hispanic or Latino, defined as a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. (Please skip to Question 2.)

Not Hispanic or Latino. (Please answer Questions 1b and 2.)

1b. Select from the following:

White, defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American, defined as a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander, defined as a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian, defined as a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native, defined as a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or more races, defined as all persons who identify with more than one of the above five races.

2. Male Female

If you qualify for veterans' preference, please check any of the following that are applicable:

Special Disabled Veteran Vietnam Era Veteran

Other Eligible Veteran - Personnel has a list of wars, campaigns, and expeditions which qualify for veterans' preference

Will you need reasonable accommodation to participate in the selection procedures (e.g. interview, written tests, job demonstration)?

Yes No If yes, please notify the Personnel Office

State agencies are actively supporting the Family Independence Act by hiring welfare and food stamp recipients for certain jobs. Are you currently receiving AFDC benefits or food stamps?

Yes No

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 checked with the South Carolina Law Enforcement Division. I agree that I will be responsible for the cost of this report.
- § I agree to submit to a pre-employment physical examination at the facility designated by the agency. I am aware that I will be responsible for the cost of this physical.
- § I agree to submit to pre-employment drug screening at the facility designated by the agency. I am aware that I will be responsible for the cost of this drug screening. 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 I am not in default on any of the following types of loans: National Direct Student Loan, National Defense Student Loan, Guaranteed Federally Insured Student Loan, Nursing Student Loan, Health Professional Student Loan, or Law Enforcement Education Loan.

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 on 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, and regulations, and understand that the agency has the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, and otherwise change all policies, procedures, benefits, or other terms or conditions of 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. I further understand that ***nothing in this application or agency policy, written or unwritten, creates a contract of employment between me and the Sumter County Disabilities and 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.

Name of Applicant: _____

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 Pre-employment.

SECTION II. Mail Results To:

Sumter County DSN Board ATTN: Sandra Strange
P.O. Box 2847 TEL. NO: 803-778-1669 ext. 121
Sumter, S.C. 29151

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.

INSTRUCTIONS FOR DSS FORM 3072 – CONSENT TO RELEASE INFORMATION

PLEASE DO NOT ALTER THIS FORM IN ANY WAY

SECTION I: Purpose for Request: To provide authorization for the SC Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results. Please indicate the purpose of the search by checking in the appropriate box.

SECTION II: Mail Results To: Please ensure that you type or stamp the return address next to, "MAIL RESULTS TO," on this form. Please include the contact person's name and telephone number.

SECTION III: Central Registry Fee: Please check appropriate fee box.

SECTION IV: Please type or print legibly the following information:

- Name: Provide complete spelling of name to include the first, middle and last name - **NO INITIALS.**
- Name Change: List the new name(s).
- Date of Birth: Month/Day/Year
- Sex: (Self Explanatory)
- Race: (Self Explanatory)
- Social Security Number: All the information requested on this form is necessary in order to conduct a thorough search. Providing your Social Security Number (SSN) is optional, but it is recommended that you provide your SSN to assist with the research. Your SSN will be used **only** to conduct what we hope will be a thorough central registry/data base check and will not be given to any person than indicated agency or entity.
- Place of Birth: Provide the name of the State you were born in.
- Current Address: Provide your current residence.
- Previous Address: If current address is less than 7 years; list other addresses, States, Countries you have resided in for the past seven years. Use separate sheet if necessary.

SECTION V: Mail payment; completed Form 3072 Consent to Release Information, and a stamped addressed envelope to:

**South Carolina Department of Social Services
Attention: CASHIER
1535 Confederate Avenue
P.O. Box 1520
Columbia, SC 29202-1520**

- Signature of Applicant: Requesting the applicant's original signature for a one-time search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results.
- Signature of Witness or Notary: The applicant's signature must be witnessed or notarized prior to submitting for processing.

PLEASE CALL (803) 898-7229 IF YOU NEED ASSISTANCE COMPLETING THIS FORM.

After receipt by cashier and processing of payment, the Central Registry/DATA BASE check will be completed by authorized DSS personnel in the Division of Human Services.

DSS personnel in the Division of Human Services must do the following:

1. Conduct Central Registry check and/or Database search in accordance with Section I. A or B.
2. Check appropriate results box.
2. Sign and date form; stamp, "confidential" on envelope and mail to return address, Section II.

Distribution

Results of the search will be sent **ONLY** to the individual or organization specified in Section II of this form.



South Carolina Law Enforcement Division

P.O. Box 21398
Columbia, South Carolina
29221-1398

Henry D. McMaster, Governor
Mark A. Keel, Chief

Tel: (803) 737-9000

CRIMINAL RECORD CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name):

AKA and/or MAIDEN NAMES:

DOB: SSN:

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

(A self addressed stamped envelope is required for the return of background

CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY

NAME OF ORGANIZATION:

VERIFICATION NUMBER (as provided by SLED for online checks):

SCHOOL DISTRICTS ONLY - POSITION APPLIED FOR:

(A self addressed stamped envelope is required for the return of background check)

PLEASE NOTE:

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED. This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

*SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.

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