

BERKELEY COUNTY GOVERNMENT HUMAN RESOURCES DEPARTMENT

Post Office Box 6122, 1003 Highway 52
Moncks Corner, SC 29461

Phone Numbers:

Moncks Corner: (843) 719-4163
Charleston: (843) 723-3800 Ext. 4163
St. Stephen: (843) 567-3136 Ext. 4163

Other:

Fax Number: (843) 719-4714
Alternate Fax: (843) 719-4110
Email: hr@berkeleycountysc.gov
Website: www.berkeleycountysc.gov

IMPORTANT INFORMATION FOR APPLICANTS

Berkeley County Government is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, religion, age, sex, veteran status or disability. It is our policy to comply with all laws banning discrimination. We are actively seeking qualified applicants to fill vacant positions as they become available. Please take time to read this information so that you can better understand our application and hiring process.

Jobs are posted in the Human Resources Department of the Berkeley County Administration Building (1003 Highway 52, Moncks Corner, SC), in each branch of the Berkeley County Library and in the SC Job Bank through the Employment Security Commission. They are also listed on the Berkeley County Government website listed above.

An applicant must complete the *Berkeley County Government Employment Application* in its entirety in addition to including any required attachments. Incomplete applications received by the Human Resources Department may not be considered.

A resume may be attached as a supplement; however, it will not be considered as a substitute for any section of the application. A separate application should be submitted for each position of interest. Applications accepted on a continuous basis include part-time Telecommunicator, part-time EMT/Paramedic, Corrections Officer and Transport Officer which remain on file for one year. It is suggested that applicants keep a copy of the original application for future openings.

Completed applications and resumes may be submitted for vacant positions and are subject to screening and verification of past employment. The most qualified applicants are referred to the department and considered for interviews. **Due to the volume of applications received by Berkeley County Government, individual applicants will not be contacted with an update as to the status of his or her application. Applicants who are selected for an interview will be contacted directly by the hiring department or Human Resources.**

Following the interview process, the department will make a hiring decision. Providing satisfactory results are received on the criminal history check and references, a conditional offer of employment will be made by the Human Resources Department. If a conditional employment offer is accepted, the applicant will be required to proceed with post-offer pre-employment testing. If required by the position, these tests may include, but are not limited to, a drug/alcohol screening, PPD (tuberculosis) test, functional capacity test, physical exam and psychological exam. Upon successful completion of pre-employment testing, a tentative orientation date will be scheduled. Failure to successfully complete all phases of pre-employment testing may result in a withdrawal of the conditional offer of employment.

List any relatives currently employed by Berkeley County Government:

NAME	RELATIONSHIP	DEPARTMENT

Please list 3 Professional references other than relatives or former employer (you may also attach letters of reference):

NAME	PHONE NUMBER	ADDRESS

EDUCATION, TRAINING AND LICENSES

Do you possess a valid driver's license? yes ___ no ___

Driver's license number: _____ State: _____ Class: _____

Degree information will be verified. Please check highest education level attained:

- | | | | |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> Less than HS | <input type="checkbox"/> HS Graduate or Equivalent | <input type="checkbox"/> Some College | <input type="checkbox"/> Technical School |
| <input type="checkbox"/> 2 Yr College | <input type="checkbox"/> Bachelors | <input type="checkbox"/> Some Grad School | <input type="checkbox"/> Masters |
| <input type="checkbox"/> MD, DDS, JD | <input type="checkbox"/> Doctorate | <input type="checkbox"/> Post Doctorate | |

Type of School	Name of School and State	Credits/ Hours Completed	Graduated		Type of Diploma Or Degree	Major Field of Study
			Yes	No		
High School or Issuing Gov't Authority						
Undergraduate Colleges or Universities						
Graduate Schools						
Technical, Vocational or Other Schools						

Please indicate any Professional/Occupational Licenses or Registrations/Certifications you currently hold:

Name of License / Certification / Registration	Number	Issue Date	Expiration Date	State

COMPUTER SKILLS

Do you have computer experience? Yes No

Check all that apply:

Microsoft Windows _____
Microsoft Word _____
Microsoft Excel _____ or, if other spreadsheet program, please specify: _____

Other software used:

Other computer experience (ex. data entry):

EMPLOYMENT HISTORY

Please list your entire employment history. Omission of material information could result in loss of employment opportunities or termination from employment.

A. If current employer, may we contact? Yes No

Name on employment records if different from present name: _____

Employer: _____ Supervisor: _____

Address: _____

Phone: (_____) _____ Fax Number: (_____) _____

Position: _____ Last Salary/Hourly Rate: _____

Position Status: Full Time Employment Part Time Employment (____ hours per week)

Were you a supervisor? Yes No Number of Employees Supervised: _____

Duties included: _____

From: ____/____/____ To: ____/____/____

Did you quit? Yes No Were you terminated or asked to resign? Yes No

Reason for leaving (if you were terminated or asked to resign, you must provide sufficient details): _____

B. If current employer, may we contact? Yes No

Name on employment records if different from present name: _____

Employer: _____ Supervisor: _____

Address: _____

Phone: (_____) _____ Fax Number: (_____) _____

Position: _____ Last Salary/Hourly Rate: _____

Position Status: Full Time Employment Part Time Employment (____ hours per week)

Were you a supervisor? Yes No Number of Employees Supervised: _____

Duties included: _____

From: ____/____/____ To: ____/____/____

Did you quit? Yes No Were you terminated or asked to resign? Yes No

Reason for leaving (if you were terminated or asked to resign, you must provide sufficient details): _____

C. If current employer, may we contact? Yes No

Name on employment records if different from present name: _____

Employer: _____ Supervisor: _____

Address: _____

Phone: (_____) _____ Fax Number: (_____) _____

Position: _____ Last Salary/Hourly Rate: _____

Position Status: Full Time Employment Part Time Employment (____ hours per week)

Were you a supervisor? Yes No Number of Employees Supervised: _____

Duties included: _____

From: ____/____/____ To: ____/____/____

Did you quit? Yes No Were you terminated or asked to resign? Yes No

Reason for leaving (if you were terminated or asked to resign, you must provide sufficient details): _____

D. If current employer, may we contact? Yes No

Name on employment records if different from present name: _____

Employer: _____ Supervisor: _____

Address: _____

Phone: (_____) _____ Fax Number: (_____) _____

Position: _____ Last Salary/Hourly Rate: _____

Position Status: Full Time Employment Part Time Employment (____ hours per week)

Were you a supervisor? Yes No Number of Employees Supervised: _____

Duties included: _____

From: ____/____/____ To: ____/____/____

Did you quit? Yes No Were you terminated or asked to resign? Yes No

Reason for leaving (if you were terminated or asked to resign, you must provide sufficient details): _____

E. If current employer, may we contact? Yes No

Name on employment records if different from present name: _____

Employer: _____ Supervisor: _____

Address: _____

Phone: (_____) _____ Fax Number: (_____) _____

Position: _____ Last Salary/Hourly Rate: _____

Position Status: Full Time Employment Part Time Employment (____ hours per week)

Were you a supervisor? Yes No Number of Employees Supervised: _____

Duties included: _____

From: ____/____/____ To: ____/____/____

Did you quit? Yes No Were you terminated or asked to resign? Yes No

Reason for leaving (if you were terminated or asked to resign, you must provide sufficient details): _____

**** If additional space is needed, please attach an *Additional Employment History Form* which can be obtained from the Human Resources Department or downloaded from the Berkeley County Government website.**

CONSENT AND DISCLOSURE

IMPORTANT - PLEASE READ CAREFULLY BEFORE YOU SIGN!

I hereby affirm that the information provided on this application (and accompanying resume and/or documentation, if applicable) is true and complete to the best of my knowledge. I understand that I am required to submit my complete work history. I also understand that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I further understand that this application becomes the property of Berkeley County Government and will not be returned.

Berkeley County Government is informing you that a consumer report or an investigative consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the company receives my request or five days after the investigative report was requested, whichever is later.

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution, agency or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment, including performance and separation information and consumer report information that may include motor vehicle records. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application which I sign. I fully understand that a criminal or other background check may be conducted at any time during my employment with Berkeley County Government. **I release Berkeley County Government, my former employers and others from any and all liability for seeking or providing such information.**

I further understand that any employment and compensation with Berkeley County Government is “**AT WILL**” and that If I am hired I may be terminated, with or without cause or motive, at any time for any or no reason at the option of either Berkeley County Government or myself. I understand that no management official/body other than Berkeley County Council has any authority to enter into any agreement contrary to the “at will” employment or to make any oral assurance or promise of continued employment.

I also understand that if I am given a conditional offer of employment that I will be scheduled for a drug and alcohol screen, a tuberculosis test (PPD) and may be scheduled for a psychological exam, functional capacity test and physical examination.

I have been given a copy of this form (if requested).

Print Name _____

Signature: _____ Date: _____

Date of Birth (for identification purposes only) _____

If name changed (through marriage or otherwise) print former name here _____

HR USE ONLY: AP# _____

APPLICANT DATA RECORD

BERKELEY COUNTY'S POLICY IS TO COMPLY WITH ALL LAWS INCLUDING THOSE BANNING DISCRIMINATION. APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX, VETERAN STATUS OR DISABILITY.

NAME (as appears on Social Security card):

Last First Middle Maiden

Address: _____

Street City State Zip Code

Date of Birth: _____ Age: _____

Social Security Number (for identification purposes only): _____

Position applying for: _____ PS#: _____

Phone:(_____) _____ Date: _____

IN ACCORDANCE WITH EQUAL EMPLOYMENT LAWS, WE ARE REQUIRED TO MAINTAIN STATISTICAL DATA ON ALL APPLICANTS. WE ASK FOR YOUR COOPERATION IN COMPLETING AND RETURNING THIS VOLUNTARY FORM. THIS FORM WILL BE SEPARATED FROM YOUR APPLICATION AND NOT USED IN THE INTERVIEWING OR SCREENING PROCESSES. WE APPRECIATE YOUR COOPERATION.

CHECK ONE: [] Male [] Female

How did you hear about this job?

- CHECK ONE: [] White (Not Hispanic or Latino)
 [] Black (Not Hispanic or Latino)
 [] Hispanic or Latino
 [] Asian (Not Hispanic or Latino)
 [] American Indian/Alaska Native (Not Hispanic or Latino)
 [] Two or More Races (Not Hispanic or Latino)
 [] Native Hawaiian or Pacific Islander (Not Hispanic or Latino)

- CHECK ONE: [] County Employee
 [] Website
 [] Newspaper Ad
 [] Office Visit
 [] Job Service
 [] Other _____