



**SANTEE-LYNCHES REGIONAL  
COUNCIL OF GOVERNMENTS**  
 2525 Corporate Way Suite 200  
 Sumter, South Carolina 29154  
 803.775.7381 (office)                      803.773.9903 (fax)

**Application for Employment**

*Complete and Return to: Search Committee at address noted above*

Instructions: This application should be filled out in detail. Failure to complete all sections or to sign this form may cause delays or make the application null and void. The use of this application does not create a contract between you and the Council of Governments, nor does it indicate that there are positions vacant and does not, in any way, obligate you or the Council of Governments. Even if you have previously submitted a resume, you **must** complete this application form.

**PLEASE TYPE OR PRINT APPLICATION IN INK**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ SSN (last four): \_\_\_\_\_

Address: \_\_\_\_\_  
Street    City    State    Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Minimum salary required: \$ \_\_\_\_\_ Available date to begin work: \_\_\_\_\_

Are you legally eligible for employment in the United States: \_\_\_\_\_ Yes    \_\_\_\_\_ No

Are you a United States Citizen? \_\_\_\_\_ Yes    \_\_\_\_\_ No; if no, documentation must be provided to verify eligibility to work in the United States.

Have you ever been known by any other name(s) which the COG will need to know to verify any of the information contained in this application? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, give the name(s) and identify the related employer: \_\_\_\_\_

\_\_\_\_\_

## Employment Record

List your current or most recent employer first and indicate a continuous record of employment for the past five employers or from the time you left school.

If currently employed, may your employer be contacted at this time for a reference?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

<b>Employer:</b> _____
Address: _____
Phone: _____ Fax: _____
Employment from _____ to _____ Starting salary: _____
Name of Supervisor with Title: _____
Job Title/Duties: _____
_____

<b>Employer:</b> _____
Address: _____
Phone: _____ Fax: _____
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Name of Supervisor with Title: _____
Job Title/Duties: _____
_____

<b>Employer:</b> _____
Address: _____
Phone: _____ Fax: _____
Employment from _____ to _____ Starting salary: _____
Name of Supervisor with Title: _____
Job Title/Duties: _____
_____

## Employment Record (Continued)

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employment from \_\_\_\_\_ to \_\_\_\_\_ Starting salary: \_\_\_\_\_

Name of Supervisor with Title: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

\_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employment from \_\_\_\_\_ to \_\_\_\_\_ Starting salary: \_\_\_\_\_

Name of Supervisor with Title: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

\_\_\_\_\_

## Education

Circle highest year completed:    College                    1        2        3        4  
    Graduate School    1        2        3        4

List all schools attended beginning with high school, college, business, military, etc.

School Attended with Address	Dates Attended	Did you Graduate?	Degree Awarded
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Personal References

List Name and Address of three persons (not former employers) who have known you for at least three years.

Name	Address	Phone Number	Email Address

### READ CAREFULLY BEFORE SIGNING

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for rejection of my employment application by the COG or immediate discharge without recourse. I understand and agree that the COG may verify all information furnished in this application. I also understand that any employment is subject to a satisfactory check of references, credit history, and a SLED/Police Department background check. I hereby authorize all individuals and organizations named or referred to by me and any law enforcement organization to give the COG all information relative to my employment, work habits, and character, and hereby release such individuals, organizations, and the COG from any liability for any claim or damage which may result.

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Signature

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Date