



# OCONEE COUNTY DSN BOARD

## Tribble Center Employment Application

Name: \_\_\_\_\_  
Last First Middle Phone number

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Prior Address if less than 7 years: \_\_\_\_\_  
Street/P.O. Box City State Zip

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

Are you legally eligible to begin work in the United States?  Yes  No

Prefer:  Full-time  Part-time  1<sup>st</sup> shift  2<sup>nd</sup>  3<sup>rd</sup> Have you ever worked for Oconee DSN:  Yes  No

Do you have relatives or friends who are Oconee DSN employees?  Yes  No  
(If yes, indicate name and relationship): \_\_\_\_\_

| School                 | Name of School and City/State | Year Graduated |
|------------------------|-------------------------------|----------------|
| High School or College |                               |                |

List personal references:

\_\_\_\_\_  
Name and phone #

\_\_\_\_\_  
Name and phone #

\_\_\_\_\_  
Name and phone #

**Oconee DSN is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to Race, Color, Religion, National Origin, Sex (including Pregnancy and Childbirth or related medical conditions), Age (40+) or Disability or any other protected category.**

**AT WILL EMPLOYMENT: I ACKNOWLEDGE THAT IF HIRED I WILL BE AN AT-WILL EMPLOYEE. I WILL BE SUBJECT TO DISMISSAL OR DISCIPLINE WITHOUT NOTICE OR CAUSE AT THE DISCRETION OF THE EMPLOYER. I UNDERSTAND THAT NOTHING IN THIS APPLICATION WRITTEN OR OTHERWISE, IMPLIES A CONTRACT BETWEEN MYSELF AND OCONEE DSN. I ALSO UNDERSTAND THAT NO REPRESENTATIVE OF THE AGENCY, OTHER THAN THE EXECUTIVE DIRECTOR, HAS THE AUTHORITY TO CHANGE THE TERMS OF AN AT-WILL-EMPLOYMENT AND THAT SUCH CAN OCCUR ONLY IN A WRITTEN CONTRACT OF EMPLOYMENT.**

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

List your work history. Leave blank if you're submitting a resume.

**1. Current or Most Recent Employer:**

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Last Day of Work: \_\_\_\_\_

Supervisor's name and telephone number: \_\_\_\_\_

Duties \_\_\_\_\_

**2. Next Previous Employer:**

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Last Day of Work: \_\_\_\_\_

Supervisor's name and telephone number: \_\_\_\_\_

Duties \_\_\_\_\_

**3. Next Previous Employer:**

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Last Day of Work: \_\_\_\_\_

Supervisor's name and telephone number: \_\_\_\_\_

Duties \_\_\_\_\_

**4. Next Previous Employer:**

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Last Day of Work: \_\_\_\_\_

Supervisor's name and telephone number: \_\_\_\_\_

Duties \_\_\_\_\_

**Please Read Before Signing Application Form:**

By applying for this position and signing this application, I voluntarily authorize and grant full consent to the Oconee DSN Board or its agent to conduct a thorough investigation into my prior employment and any other area of my background, including criminal background (regardless of adjudication), child abuse registry and driver's license checks which Oconee DSN believes to be relevant to my employment. I do further consent to the release and disclosure to Oconee DSN or its agent from any persons, company, corporations, or government agency any information sought concerning my background and do further release from liability Oconee DSN or its agents for actions taken in connection with this investigation, as well as any person, companies, corporations or governmental agencies disclosing such information. I understand that job offers extended by Oconee DSN are conditional upon successful completion of a physical exam by an authorized physician who will determine whether I can perform the essential functions of the position offered, with or without reasonable accommodations. In addition, I voluntarily consent and agree to pre-employment drug testing and the results of the test are to be released to Oconee DSN. I understand that if I fail the pre-employment drug test, Oconee DSN will withdraw my employment offer. Furthermore, Oconee DSN will pay the cost of my physical examination and the drug screening. I acknowledge that any false information provided by me to Oconee DSN may constitute grounds for immediate discharge, regardless of when the false information is discovered by Oconee DSN. Similarly, I understand that my continued employment is contingent on successfully passing a background investigation as determined by Oconee DSN. Any information discovered about me during this investigation, which was deemed by Oconee DSN to be unsatisfactory, may constitute grounds for immediate discharge, regardless of when discovered. Therefore, I hereby certify that the information in this application is true and correct to the best of my knowledge. I give my permission for all former employers to release any information relating to my work. I certify that I have never been involved in a substantiated case of abuse or neglect.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand and agree that at any time during my employment with Oconee DSN I may be transferred to another program or shift. Even though I was hired for a specific program or shift I understand that I may better serve the agency in another program or shift. The Program Director will make this determination and it may be immediate. I understand that when hired I must complete 40 hours of training within the first 30 days of my employment. I also understand that I will complete all training as required throughout my employment with this agency. I give my permission to allow Oconee DSN's "company doctor" to obtain a blood sample for testing of communicable disease. I understand that completion of the communicable disease testing is a prerequisite for employment with Oconee DSN. Failure to complete this testing may will result in the termination of my application process and I will no longer be considered for employment with Oconee DSN. I give my consent for Oconee Family Practice to return the results of my blood test for communicable disease to Oconee DSN. I also give consent to submit to a pre-employment two-step tuberculin (PPD) skin test and annually thereafter. I further consent that if I exhibit symptoms I will undergo chest x-rays as necessary.

**Police and Driving Records Will Be Checked.**

**We will obtain your complete arrest record so you must list your arrests regardless of how long ago they occurred. List your driving offenses. Omissions or falsification of information will make you ineligible for employment.**

Has your license ever been revoked or suspended? Yes No  
(If yes, when and for what reason): \_\_\_\_\_

The Oconee DSN Board completes a Criminal Background Check through S.L.E.D. for South Carolina residents and in some cases we complete an FBI Background check as well.

With the exception of any offense committed before your 18<sup>th</sup> birthday, list below all offenses against the law (other than minor traffic violations) where you have been found guilty; where charges are pending adjudication; where you pled guilty or nolo contendere; where adjudication was withheld; or where you were placed on probation or in a supervised program. You do not have to list charges that were dropped or of which you were found innocent. Criminal convictions are not an automatic bar to employment and will only be considered in relation to the position for which you are applying. However, omissions or deceptive statements may disqualify you from examination, certification, appointment or retention.

\_\_\_\_\_ **There are No Charges**

\_\_\_\_\_ **Yes, there are charges**

**List your arrests and/or driving offenses below:**

| Date | Charge | City/County/State | Disposition |
|------|--------|-------------------|-------------|
|      |        |                   |             |
|      |        |                   |             |
|      |        |                   |             |
|      |        |                   |             |
|      |        |                   |             |
|      |        |                   |             |
|      |        |                   |             |

Have you ever been refused a surety bond? Yes No

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_