

**COLLETON COUNTY SCHOOLS**  
 An equal opportunity employer  
 Office of Director of Personnel  
 Post Office Box 290, Walterboro, South Carolina 29488  
 843-549-1105 Fax: 843-549-2606

**CLASSIFIED APPLICATION FOR EMPLOYMENT**

**INSTRUCTIONS: Complete (please type or print) all sections accurately to facilitate processing**

**Check the Appropriate Space:**

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Secretary   | <input type="checkbox"/> Food Service | <input type="checkbox"/> Housekeeper |
| <input type="checkbox"/> Clerk       | <input type="checkbox"/> Substitute   | <input type="checkbox"/> Custodian   |
| <input type="checkbox"/> Aide        | <input type="checkbox"/> Maintenance  |                                      |
| <input type="checkbox"/> Other _____ |                                       |                                      |

**NAME:** Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Miss \_\_\_\_\_  
 Mr. \_\_\_\_\_

LAST                                      FIRST                                      MIDDLE/MAIDEN

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

STREET                                      CITY                                      STATE                                      ZIP CODE

(OPTIONAL) Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

ARE YOU CURRENTLY RECEIVING FAMILY INDEPENDENCE BENEFITS OR FOOD STAMPS?..... YES \_\_\_ NO

**PLEASE NOTE: a "Yes" will not disqualify you from consideration for employment. We must ask this question pursuant to South Carolina law solely for reporting purposes.**

**Professional Data (attach a copy of diploma)**

NAME & LOCATION OF LAST HIGH SCHOOL ATTENDED \_\_\_\_\_

PRINCIPAL'S NAME \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_

YEARS OF SCHOOL COMPLETED (Circle Grade) 4 5 6 7 8 9 10 11 12

**College Preparation**

NAME & LOCATION OF COLLEGE \_\_\_\_\_

NUMBER OF YEARS ATTENDED \_\_\_\_\_ DATE \_\_\_\_\_ DEGREE (if any) \_\_\_\_\_

NUMBER OF SEMESTER OR QUARTER HOURS COMPLETED \_\_\_\_\_

**Employment History**

ARE YOU CURRENTLY EMPLOYED? ..... YES \_\_\_ NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? ..... YES \_\_\_ NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? ..... YES \_\_\_ NO  
 Proof of citizenship or immigration status will be required upon employment.

DATE AVAILABLE FOR WORK \_\_\_\_\_

TYPE OF EMPLOYMENT DESIRED ..... FULL TIME \_\_\_ PART TIME \_\_\_ TEMPORARY

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, INCLUDING DUI? ..... YES \_\_\_ NO

IF YES, EXPLAIN \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE**

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From      To      Employer      Telephone  
(   )

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Job title      Address

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Supervisor/Title      Work Performed

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Reason For Leaving      Salary      Start \$ \_\_\_\_\_      Per \_\_\_\_\_      Final \$ \_\_\_\_\_      Per \_\_\_\_\_

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From      To      Employer      Telephone  
(   )

---

Job title      Address

---

Supervisor/Title      Work Performed

---

Reason For Leaving      Salary      Start \$ \_\_\_\_\_      Per \_\_\_\_\_      Final \$ \_\_\_\_\_      Per \_\_\_\_\_

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From      To      Employer      Telephone  
(   )

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Job title      Address

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Supervisor/Title      Work Performed

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Reason For Leaving      Salary      Start \$ \_\_\_\_\_      Per \_\_\_\_\_      Final \$ \_\_\_\_\_      Per \_\_\_\_\_

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From      To      Employer      Telephone  
(   )

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Job title      Address

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Supervisor/Title      Work Performed

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Reason For Leaving      Salary      Start \$ \_\_\_\_\_      Per \_\_\_\_\_      Final \$ \_\_\_\_\_      Per \_\_\_\_\_

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NOTE: If you need additional space, continue on a separate sheet of paper.

