



Union County School District

Post Office Box 907
Union, South Carolina 29379
Personnel Department
864-429-1740

For Office Use Only
Reference _____
Reference _____

APPLICATION FOR SUPPORT PERSONNEL

Indicate position(s) you are applying for by using a check mark:

<input type="checkbox"/> Secretary	<input type="checkbox"/> Personal Attendant	<input type="checkbox"/> Teacher's Assistant	<input type="checkbox"/> Media Assistant	<input type="checkbox"/> Student Records Clerk	<input type="checkbox"/> Substitute Cafeteria Operator
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Custodian	<input type="checkbox"/> Cafeteria Manager	<input type="checkbox"/> Cafeteria Operator	<input type="checkbox"/> Substitute Teacher	<input type="checkbox"/> Substitute Custodial Worker
<input type="checkbox"/> Accounting/ Payroll	<input type="checkbox"/> Bus Driver	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Other _____		

NAME _____ DATE _____
Last First Middle

ADDRESS _____ TELEPHONE _____
Street/Route City State Zip

SOCIAL SECURITY NO _____ DATE AVAILABLE FOR EMPLOYMENT _____

Have you ever been arrested, charged, convicted, pled guilty, entered a plea of no contest, or paid a fine for any criminal offense, other than minor traffic violations? _____ If you answer yes, you must give details for each charge listed. Failure to answer this question accurately and/or failure to provide information could result in denial of application:

Have you ever been a member of the South Carolina retirement system? Yes _____ No _____
 If your answer is "yes", please name the employer(s) _____
 Did you withdraw your contributions? Yes _____ No _____ Date of Retirement _____
 Are you currently receiving a monthly benefit check from the South Carolina Retirement System? Yes _____ No _____

Educational Background

	Name and Location of Institution	Dates Attended	Circle the Last Year Completed	Degree Received
HIGH SCHOOL			9 10 11 12	
CITY, STATE				
COLLEGE/UNIVERSITY			1 2 3 4	
CITY, STATE				

Are you certified as a teacher by the South Carolina State Department of Education? Yes _____ No _____
 If "yes", please attach a copy of your PRAXIS scores with this application.

Previous Employment (Include military service, if any.) List most recent employment first.

Employer Name, Address, and Phone	Dates of Employment		Job Description	Supervisor
	From	To		

References (Please list three references other than relatives.)

Name	Address	Telephone

By signing this application, I agree that all former employers and any other persons may furnish Union County Schools with all information regarding the record of my service, character, and reasons for leaving. I hereby release such former employers and persons from all liability on account of providing such information.

I understand that Union County Schools will request a criminal record history from the South Carolina Law Enforcement Division for past criminal convictions. Any offer of employment before receipt of a criminal history report (59-26-46, Code of Laws, South Carolina, 1976, as amended) will be tentative pending receipt of such a report. Should the report, in the judgement of the District, reflect reason(s) for denying employment, will be cause for the employee's immediate termination.

I further understand that failure to complete all sections, or to sign the application, may result in the application being returned for completion causing delay or possible disqualification.

I have filled in this application to the best of my ability and believe all information to be correct to the best of my knowledge. I understand fully and agree that misrepresentation of any facts in this application is sufficient cause to declare this application null and void, and if misrepresentation is not discovered until after employment, it shall be termed sufficient for dismissal.

Applicant's Signature _____ Date _____

Union County Schools

Union, South Carolina

PERSONAL INFORMATION

Union County School District is committed to the principle of equal opportunity. It is the policy of the District not to discriminate on the basis of race, sex, color, national origin, religion, age, marital status or handicap with regard to its students, employees, or applicants for admission or employment.

As an equal opportunity employer, Union County School District complies with all state and federal regulations.

The purpose of this PERSONAL INFORMATION is to comply with all agency recording requirements mandated by State and Federal regulation. Completion of this sheet is optional. If you choose to complete the sheet the information will be kept in a confidential file and will not be a part of your application.

Name _____
Last First Middle Maiden

Permanent Address _____
Street Name City State

Check One: Male Female

Check one of the following:

Black Hispanic American Indian/Alaskan Nationality

White Other Asian/Pacific Islander

Date of Birth: _____