



APPLICATION FOR EMPLOYMENT

Lexington County Recreation & Aging Commission

563 South Lake Drive

Lexington, South Carolina 29072

Phone: (803) 359-9961 Fax: (803) 359-9092

www.lcrac.com

Position Applied for: _____ Date: _____ / _____ / _____

How did you learn of this position? Advertisement Relative Employment Agency Internet other _____

Instructions: Please print legibly in ink. An incomplete application will not be accepted. Applications must have all sections completed and the form signed by the applicant. A resume' may be attached to the completed application.

All qualified applications will be referred to the department where the vacancy is located. The Department Head is responsible for the review and evaluation of the applications and recommending the most qualified applicants to be selected for an interview. Applications will remain active until the vacancy is filled.

PERSONAL DATA

Name: _____
(Last) (First) (MI)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone/Cell No.: _____ Work Phone No.: _____ Contact at work? Yes No

Have you ever been employed with us before? Yes No If yes, give date: _____ / _____ / _____

Do you have relatives employed by the Lexington County Recreation and Aging Commission? Yes No

If yes, give name and relationship to you: _____

What Department do they work in? _____

Date available to start work: _____ / _____ / _____ What is your anticipated rate of pay? _____

Do you possess a valid S. C. Drivers' license? Yes No Expiration Date: _____ / _____ / _____

Commercial Drivers' License: Yes No If yes, what type? _____

Have you ever been convicted or pled no contest of a crime other than a minor traffic violations? Yes No

If yes, explain charge(s), date(s), and disposition(s) in detail: _____

EDUCATION

Starting with High School, provide complete information on all schools attended, including types of courses.

School/Institution and Location	Major/Minor	Graduate		Degree/Diploma
High School _____	_____	Yes	No	_____
College/University _____	_____	Yes	No	_____
Post Graduate _____	_____	Yes	No	_____
Technical School _____	_____	Yes	No	_____
Business/other _____	_____	Yes	No	_____

SKILLS

Computer/Software Skills	Yes	No
Supervisory Experience/Training	Yes	No
Technical Experience/Training	Yes	No
Senior Citizen Experience/Training	Yes	No
Child Day Care Experience/Training	Yes	No
Athletic Experience/Training	Yes	No

List any skills, equipment, software or machines, which you are proficient in that is related to the position for which you are applying:

List any professional licenses or certifications:

Profession/Craft: _____

Certification/License No. _____ Expiration Date: _____ / _____ / _____

Profession/Craft: _____

Certification/License No. _____ Expiration Date: _____ / _____ / _____

EMPLOYMENT HISTORY

List all work history starting with your most recent position. List any self-employment, temporary, and military jobs. If more space is needed, you may attach additional pages to the application.

Employer: _____ Phone No.: _(____)_____-_____

Address: _____

Title of position held: _____ Employed from: __/__/__ to: __/__/__

Supervisor's Name: _____ Title: _____

Hours per week: _____ Rate of Pay: _____

Reason for Leaving: _____

Job Duties: _____

Employer: _____ Phone No.: _(____)_____-_____

Address: _____

Title of position held: _____ Employed from: __/__/__ to: __/__/__

Supervisor's Name: _____ Title: _____

Hours per week: _____ Rate of Pay: _____

Reason for Leaving: _____

Job Duties: _____

Employer: _____ Phone No.: _(____)_____-_____

Address: _____

Title of position held: _____ Employed from: __/__/__ to: __/__/__

Supervisor's Name: _____ Title: _____

Hours per week: _____ Rate of Pay: _____

Reason for Leaving: _____

Job Duties: _____

REFERENCES

Give name and addresses of three individuals, not related to you, who know you and your work ethic.

Name: _____ Phone No.: () - _____

Address: _____

Name: _____ Phone No.: () - _____

Address: _____

Name: _____ Phone No.: () - _____

Address: _____

APPLICANT CERTIFICATION

I affirm, agree and/or understand all statements on this form are true and accurate; and any misrepresentation or omission of facts may result in exclusion from further consideration and/or, if hired, termination of employment.

I hereby authorize the Lexington County Recreation and Aging Commission to conduct whatever investigation it deems necessary to confirm the statements submitted on this application. I understand that any misstatement or omission of fact on this application shall be sufficient grounds for refusal to hire or dismissal. I also authorize and request each former employer and person, firm or corporation given as a reference to answer any and all questions that may be asked and to give any and all information that may be sought in connection with allocation concerning my work habits, character or skill. I understand that any information obtained by the Lexington County Recreation and Aging Commission in the course of those contacts will be treated with the strictest of confidence.

I understand and acknowledge that the Lexington County Recreation and Aging Commission requires all applicants who are tentatively selected for employment to submit to a drug test. Failure to follow test procedures, or testing positive for the use of illegal drugs or substance will result in disqualification from employment. Also, if I am selected as a candidate for employment, I understand that I will be required to pass a pre-employment background check as a condition of employment and show proof that I am legally eligible to work in the United States.

I understand and agree that if I am employed, I may terminate my employment at any time, with or without notice and without cause. I understand that the Lexington County Recreation and Aging Commission has the same right.

Applicant's Signature _____ Date _____ / _____ / _____

EEO STATEMENT

Lexington County Recreation and Aging Commission is an equal opportunity employer. Government policy requires that consideration be given to all applicants without regard to race, color, military status, religion, sex, national origin, and age, a legally defined disability to a qualified applicant or other status as protected by law.