

RETURN TO: **WILLISTON SCHOOL DISTRICT 29**  
**12255 MAIN STREET**  
**WILLISTON, SC 29853**  
**Phone: (803) 266-7878 Fax: (803) 266-3879**

## EMPLOYMENT APPLICATION

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND WILLISTON-ELKO SCHOOL DISTRICT 29. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. WILLISTON-ELKO SCHOOL DISTRICT 29 RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

**FULL NAME:** \_\_\_\_\_

**APPLYING FOR:**

POSITION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

**HOW DO WE CONTACT YOU?**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**3. TELL US ABOUT YOUR EDUCATION:** A transcript of all college courses is required and should be sent directly to the Office of the Superintendent, Williston-Elko School District 29, 12255 Main Street, Williston, SC 29853

High School	Name and Location (City, State and Zip)	Years Attended	Date of Graduation	Degree Earned	Major
		/			
		/			
		/			
<b>College Undergraduate School</b>					
		/			
		/			
		/			
		/			
<b>College Graduate School</b>					
		/			
		/			
		/			
<b>Vocational/Technical Other, Specify</b>					
		/			

**Job-Related Training and Course Work**

List any skills, licenses, and certificates which are related to the job you seek (including words per minute typing speed and computer software proficiency).

Do you possess a valid driver's license? Yes  No

(State) \_\_\_\_\_

If yes, provide number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Class: (circle one)    A    B    C    D    E    F

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Do you have any relatives employed with Williston-Elko School District? If yes, please provide names:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

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Have you ever been convicted of a criminal offense? Yes  No

*Note: Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.*

If yes, please list charge(s) \_\_\_\_\_

\_\_\_\_\_

Where convicted: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition/Status: \_\_\_\_\_

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Have you ever been terminated or forced to resign from any job? Yes  No

If yes, please explain \_\_\_\_\_

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

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Give the names of two people, not relatives, who are familiar with your work.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS**

**Student Loan:** State law (59-111-50) prohibits employment with the State to people who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

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

**Authority to Release Information:** By my signature, I consent to the release of information to authorized officers, agents, and/or employees of Williston-Elko School District which may include but not limited to information concerning my past and present work; including my official personnel files; attendance records; evaluation; educational records including transcripts military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of Williston School District to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquires made in connections with my application for employment.

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

**Certification of Applicant:** By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

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

#### 4. EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. All information in this section must be complete. A resume may be attached, but not substituted for completing this section.

1. Name of present or last employer: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job title: \_\_\_\_\_

Number supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per week: \_\_\_\_ Salary: \_\_\_\_\_

May we contact the employer? Yes  No

Job duties (give details)

Reason for leaving:

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2. Name of present or last employer: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job title: \_\_\_\_\_

Number supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per week: \_\_\_\_ Salary: \_\_\_\_\_

May we contact the employer? Yes  No

Job duties (give details):

Reason for leaving:

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3. Name of present or last employer: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job title: \_\_\_\_\_

Number supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per week: \_\_\_\_ Salary: \_\_\_\_\_

May we contact the employer? Yes  No

Job duties (give details):

Reason for leaving:

4. Name of present or last employer: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job title: \_\_\_\_\_

Number supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per week: \_\_\_\_ Salary: \_\_\_\_\_

May we contact the employer? Yes  No

Job duties (give details):

Reason for leaving:

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5. Name of present or last employer: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job title: \_\_\_\_\_

Number supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per week: \_\_\_\_ Salary: \_\_\_\_\_

May we contact the employer? Yes  No

Job duties (give details):

Reason for leaving:

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6. Name of present or last employer: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job title: \_\_\_\_\_

Number supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per week: \_\_\_\_ Salary: \_\_\_\_\_

May we contact the employer? Yes  No

Job duties (give details):

Reason for leaving:

## 5. EEO Data Reporting Form

The federal government requires the following information to be collected for statistical reporting as a part of the Affirmative Action Program. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process not released in a manner which identifies the individual. This form will be removed prior to being forwarded to the hiring authority.

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle/Maiden Name \_\_\_\_\_

Position for which you are applying \_\_\_\_\_  
Title

Sex (Circle appropriate one):    Female            Male

Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Ethnicity: Are you Hispanic/Latino? (Choose only one)**

**No, not Hispanic/Latino**

**Yes, Hispanic/Latino**

**Race: What is your race? (Choose one or more)**

**American Indian or Alaska Native**

**Asian**

**Black or African American**

**Native Hawaiian or Other Pacific Islander**

**White**