

507 School House Road  
Dorchester, SC 29437  
Phone: (843) 563-2361  
fax: (843) 563-9038

449 Old Trolley Road  
Summerville, SC 29485  
Phone: (843) 873-5049  
fax: (843) 851-7197

## **DORCHESTER COUNTY CAREER & TECHNOLOGY CENTER**

### **Application for Employment**

The Career and Technology Center does not discriminate on the basis of race, color, religion, national origin, sex, age or handicap in admission to, access to, treatment in or employment in its programs and activities. The following persons have been designated to handle inquiries regarding discrimination policies: Title VI, Title IX: Ms. Cynthia Farmer, (843) 563-5619, Section 504 and Americans with Disabilities Act (ADA): Mrs. Laura Disher, (843) 563-5626.

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Position applied for \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

When can you start? \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_

Are you a U.S. citizen?  Yes  No (You will be required to provide documentation.)

Are you looking for full-time employment?  Yes  No

If no, what hours are you available? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please describe conditions.  
\_\_\_\_\_  
\_\_\_\_\_

#### **Education**

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

Are there other skills, qualifications, or experience that we should consider?

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**Employment History (Start with most recent employer)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

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Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

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Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

REFERENCES			
NAME	RELATIONSHIP	HOME PHONE	DAYTIME PHONE

### ACKNOWLEDGEMENT

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. Dorchester County Career & Technology Center (DCCTC) is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at DCCTC is “at will,” which means that either I or the Director of DCCTC can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

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