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Position applying for:

ob Title Where did you learn about us?								
Contact Information								
Name <i>First name Mi</i> Mailing Address	ddle name	Last name	Social Security Number					
Address City County	State	Zip Code	Email Address					
Home Phone	Alter	nate Phone	Notification Preference 🛛 Mail 🗆 Email					
Other Personal Information	on							
Do you possess a valid driver's li	cense? 🗆 Yes 🗆 No li	f yes, provide State and number:	Exp. Date					
Can you, after employment, subn	nit proof of your legal	right to work in the United States? \Box Ye	s 🗆 No					
What types of work will you acce	ept? 🗆 Regular Full	Time 🗆 Regular Part Time 🗆 Temp	orary 🗆 Internship					
What shifts are you available to	work? 🗆 Day 🗆 Ev	vening 🗆 Night 🗆 Rotating 🗆 Week	ends 🛛 On Call (as needed)					
Are you currently on "lay-off" sta	tus and subject to re	call? 🗆 Yes 🗆 No Explain						
Do any of your friends or relatives	work at MDDSN? 🗆 Y	′es □ No Explain						
Have you ever worked for MDDSN	before ? 🗆 Yes 🗆 No	Explain						
	ns and any offense c	ommitted before your 17 th birthday, whic	h was finally adjudicated in juvenile court or under es. Each conviction is evaluated individually.					
Where Convicted		Date	Disposition/Status					
Education High School Name		Diploma Other (specify)	Year Attained					
Undergraduate College/Univ		Diploma Other (specif	y) Year Attained					
Graduate School		Diploma Other (spec	Diploma Other (specify) Year Attained					
Additional Informatic								
Additional Skills								

Work 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 explanation for any gaps in employment. All information in this section must be complete. A résumé may be attached, but not substituted for completing this section. Should you need additional space, copy this page.

1. Name of Present or Last Employer:				
Job Title:				
Address:		Phone		Supervisor
From: / / To: /	/	Hours Per Week	Salary	Number Supervised
May we contact this employer? □ Yes □ No Job Duties (give details)				
Reason For Leaving				
2. Your Next Most Recent Employer:				
Job Title:				
Address:				
From: / / To: /	/	Hours Per Week	Salary	Number Supervised
May we contact this employer? □ Yes □ No Job Duties (give details)				
Reason For Leaving				
Job Title:				Supervisor
From: / / To: /				
May we contact this employer? □ Yes □ No Job Duties (give details)				
Reason For Leaving				
List all professional, trade, business or	civic acti	vities and offices	held	
Specialized Skills:				

Please carefully read the following information:

Will you need reasonable accommodations to participate in the selection procedures (e.g., interview, written tests, or job demonstration)? \Box Yes \Box No If yes, contact the human resources office of the agency for which you are applying. (Dianne Thompson 843 774-6775)

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and employees of the MDDSN which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents and employees of the MDDSN to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organization, 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 inquiries made in connection with my application for employment.

I also understand and acknowledge that I must agree to a "DRUG AND ALCOHOL TEST" and refusal to do so will disqualify me as an applicant. I also agree to a SLED and/or FBI Check, DSS Child Abuse Directory Check, a Medical Exam and Driver's Record Check at my expense.

I also understand that any employment relationship with MDDSN is of an "AT WILL" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that I am required to abide by all rules and regulations of the MDDSN.

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.

REFERENCES:

Give the name, address, and phone number of three people, not relatives, who are familiar with you and/or your work.

Name	Addro	ess	Phone Phone	Phone	
Name	Addro	ess	Phone	9	
Name	Addre	ess	Phone	2	
MDDSN Use Only:					
Drug and Alcohol Test: Sche	eduled 🗆 Yes Date	_ Completed 🗆 Date	Comments		
Medical Exam: Scheduled	Yes Date Compl	eted 🗆 Date Cor	nments		
SLED or FBI Check: Compl	eted 🗆 Date Co	mments		_	
DSS Abuse Registry Check:	Completed 🗆 Date	Comments			
Driver's Record: Complete	d 🗆 Date Comm	nents			
Employment and/ or Refe	ence Checks:				
Name	Position	Comment	S	Rehire? 🗆 Yes 🗆 No	
Name	Position	Comment	S	Rehire? □ Yes □ No	
Name	Position	Comment	S	Rehire? □ Yes □ No	