

# APPLICATION FOR EMPLOYMENT

LAURENS COUNTY PERSONNEL  
P.O. BOX 445  
LAURENS, SOUTH CAROLINA 29360  
(864) 984-3691

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For

Date of Application

How Did You Learn About Us?		
Advertisement	Friend	Walk-In
Employment Agency	Relative	Other _____

Last Name	First Name	Middle Name
Address Number	Street	City
	State	Zip Code
Telephone Number(s)	Social Security Number	

Do you have a valid S.C. Driver's License? YES NO  
 If yes, list License Number \_\_\_\_\_  
 List Driver's License Classification \_\_\_\_\_

Have you ever filed an application with us before? YES NO  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? YES NO  
 If Yes, give date \_\_\_\_\_

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.* YES NO

On what date would you be available to work? \_\_\_\_\_

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Have you ever been convicted of, or pled guilty, or no contest to, any crime other than a minor traffic violation? YES NO  
 If Yes, please explain \_\_\_\_\_

School Name and Location	Elementary School	High School	Undergraduate College / University	Graduate / Professional
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree _____				
Describe Course of Study _____				
Describe any specialized training, apprenticeship, skills and extra-curricular activities. _____				
Describe any honors you have received. _____				
State any additional information you feel may be helpful to us in considering your application. _____				

**INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE**

	FLUENT	GOOD	FAIR
SPEAK _____			
READ _____			
WRITE _____			

**LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD**  
*\*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**  
 Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

Have you ever had any job-related training in the United States Military? **YES NO**

If Yes, Please describe. \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

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*Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.*

1.)	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		From	To	
ADDRESS				
TELEPHONE NUMBER(S)				
JOB TITLE			SUPERVISOR	
REASON FOR LEAVING			HOURLY RATE / SALARY	
			Starting	Final

2.)	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		From	To	
ADDRESS				
TELEPHONE NUMBER(S)				
JOB TITLE			SUPERVISOR	
REASON FOR LEAVING			HOURLY RATE / SALARY	
			Starting	Final

3.)	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		From	To	
ADDRESS				
TELEPHONE NUMBER(S)				
JOB TITLE			SUPERVISOR	
REASON FOR LEAVING			HOURLY RATE / SALARY	
			Starting	Final

4.)	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		From	To	
ADDRESS				
TELEPHONE NUMBER(S)				
JOB TITLE			SUPERVISOR	
REASON FOR LEAVING			HOURLY RATE / SALARY	
			Starting	Final



# Laurens County Special Operations Response Team

## Memorandum of Understanding

This Memorandum of Understanding, herein referred to as MOU, is between

\_\_\_\_\_ and \_\_\_\_\_.  
(Print Employee Full Name) (Print Department or Organization Name)

This MOU is effective for not more than one year from the date of signing and must be renewed within 20 days thereof in order to continue. If the employee named above changes employment or organization, this MOU becomes null and void and a new MOU must be completed with the new employer or organization.

This MOU establishes that the Chief of the Department or the Employee's Supervisor has approved that the employee named above has permission to participate in the Laurens County's S. O. R. T. This MOU also constitutes that the employee named above will perform in accordance with this MOU and maintain:

- minimum training with the fire department or organization they are presently a member, and
- minimum training for the S. O. R. T. branch or branches they are presently a member, and
- the department shall provide Workers' Compensation for the above named individual.

Additionally, the employee named above will provide the following:

- documentation that they have received an annual fit test per OSHA Regulation 29 CFR 1910.134 and if applicable, any other Regulation(s) that applies to the S. O. R. T. branch or branches they are presently a member, and
- documentation that they have received an annual physical examination and/or OSHA Questionnaire. The physical exam shall provide documentation that the employee is medical and physically able to wear a self-contained breathing apparatus respirator and is medically and physically able to perform the duties that is required for the S. O. R. T. branch or branches they are presently a member.

Employees who do not maintain minimum training requirements and/or provide proper documentation as outline above the employee will be subject to the policies and procedures of their fire department or organization and to the policies and procedures of the S. O. R. T. branch or branches they are presently a member. This could mean dismissal of any or all organizations and/or the S. O. R. T.

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Print Employee Name	Employee Signature	Date
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Print Supervisor or Chief Name	Supervisor or Chief Signature	Date
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Revision 1: January 18, 2006

Approved by: Advisory Committee

Page 1 of 1

Team(s) approved for:

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**South Carolina Firefighter Registration Act**  
**Request for Criminal Record Review**

Name: \_\_\_\_\_ (Full Given Name)

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

Race: \_\_\_\_\_ Sex:  Male  Female

\*\*\*\*\*

I, \_\_\_\_\_ do hereby grant approval for the  
(Print Name)

\_\_\_\_\_ to inquire and receive any and  
(Name of Fire Department or Employer)

all criminal information pertaining to me.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

**Mail Request To:**  
S.L.E.D. Records  
PO Box 21398  
Columbia, SC 29221-1398  
Phone: 1-803-737-9000

**S.L.E.D. Should  
Return Information To:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reports should be returned  
to the Fire Department – Not  
to the Fire Marshal's Office.**

**\*Note to Fire Departments:  
Please include a self-addressed  
envelope for return of report  
from S.L.E.D.**