

MEMORANDUM

TO: Applicants for Employment

FROM: Chad Davidson
Director of HR

RE: History of Previous Employment

In order for us to adequately verify previous employment, your application must contain the name(s), mailing address(es) and phone number(s) of previous employers for the past fifteen (15) years. Gaps in employment should be explained in writing and attached to your application.

In order for your application to receive full consideration you must provide all requested information.

Please be sure to include a copy of:

- **Current Driver's License**
- **Social Security Card**
- **High School Diploma or GED**
- **Three letters of reference**
Not from a family member
Not from a former employer

Please contact me at 623-5420 should you have questions relating to this memorandum.

Administration Offices
1224 East Boulevard, P.O. Box 151
Chesterfield, South Carolina 29709
Office: (843) 623-9016
Fax: (843) 623-5406

Midlands Division
110 Pontiac Business Center Drive, Suite C
Elgin, South Carolina 29045
Office: (803) 788-6272
Fax: (803) 865-6885

NOTICE TO APPLICANTS

We are pleased that you have chosen to apply for a job with CHESCO Services. CHESCO Services offers challenging work opportunities and we appreciate your interest.

CHESCO Services is an equal opportunity employer. Upon receipt of a completed application, it is the policy of this Board to consider all applicants for employment based on their qualifications in light of job vacancies without regard to the applicant's race, color, religion, sex, national origin, disability, age or veteran status.

Prior to assuming any position with the CHESCO Services, every applicant will be subject to substance screening. Substance screening means testing of urine to determine the presence of illegal or unauthorized drugs. A positive test result will necessarily cause a conditional offer of employment to be withdrawn.

To be sure that your application receives full consideration you must fill it in completely and accurately, providing all requested information. If you need assistance in filling out this application, please notify the Board and we will strive to arrange any special assistance you may need.

All employees of the CHESCO Services are employed "at will."

Applications are considered effective for 30 days from the date they are filed. After 30 days, the applications are retired to an inactive file. If you have not been hired within 30 days of the date you filed your application and you wish to be considered for jobs that come available after that time, you must contact this office and complete a new application or update your old application.

Applications may be hand delivered to CHESCO Services Administrative Office at 1224 East Boulevard in Chesterfield or mailed to:

CHESCO Services
1224 East Boulevard
P. O. Drawer 151
Chesterfield, SC 29709

*****TO RETURN APPLICATION BY MAIL REQUIRES EXTRA POSTAGE**

CHESCO Services

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Complete this application fully and accurately. Please print legibly or type requested information. You may attach any additional information you believe is pertinent to your employment application. Return the completed application to the CHESCO Services Administrative Office located at: 1224 East Boulevard, Chesterfield, SC 29709 or by mail to: CHESCO Services, Attention: Human Resources, P. O. Drawer 151, Chesterfield, SC 29709.

NOTE: You must be over eighteen (18) years of age and possess a valid driver's license from state of residence and high school diploma or equivalent to be employed by CHESCO Services. We will individually consider anyone who does not hold a valid driver's license because of a permanent disability. Your application is active for thirty (30) days.

TODAY'S DATE: _____

NAME _____ SOCIAL SECURITY # _____
Last First Middle

ADDRESS: _____
Street City State Zip County

TELEPHONE () _____ () _____
Alternate, if not home weekdays

POSITION(S) FOR WHICH YOU ARE APPLYING:

AREA:

Office _____ Assisting Clients _____ Supervisory/Management _____

Professional Service Delivery _____ (If so, what area:)

Social Work _____ Education _____ Medical _____ Other _____

AVAILABLE TO WORK

_____ Full Time _____ Part Time _____ Temporary (until when? _____)

SHIFT: _____ 1st _____ 2nd _____ 3rd

_____ Monday - Friday

_____ Monday - Sunday

Date available for work: _____ Acceptable salary range: _____ per _____

Will you travel to any of our sites throughout the county? _____ Yes _____ No

If no, which one(s) are acceptable? _____

Do you possess a valid driver's license? _____ Yes (PLEASE ATTACH COPY.)

Have you ever been convicted of or pled guilty or no contest to any crime other than a minor traffic violation? (A "yes" answer to this question will not necessarily disqualify a candidate from employment) _____ Yes _____ No If yes, please give dates, nature of charge and disposition: _____

Do you have relatives employed by this agency? _____ Yes _____ No

If yes, give name, relationship to you and where assigned: _____

Have you ever been previously employed by CHESCO Services or the S. C. Department of Disabilities and Special Needs? _____ Yes _____ No If so, when and where? _____

Are you a member of the S. C. Retirement Systems? _____ Yes _____ No

If yes, retirement number: _____

EDUCATION AND TRAINING

HIGHEST EDUCATION LEVEL COMPLETED (If multiple degrees, please list).

School/College	Name and Location	Course/ Major	Degree Yes or No	Dates
High School	_____			
Business/Tech.	_____			
College:	_____			
Graduate School	_____			
Other degree	_____			

List any professional licenses, certifications and professional memberships:

EMPLOYMENT HISTORY

Please set forth your **employment history for the past fifteen (15) years** beginning with your most recent employer. Include military and volunteer service. Use separate sheet(s) of paper if necessary. **Gaps in employment must be explained in writing and attached to application.**

Employer _____

Address _____

Phone Number: () _____ Job Title(s) _____

Explanation of Duties: _____

Beginning and Ending Dates of Employment _____

Supervisor's Name and Title _____

May we contact now? _____ Yes _____ No If no, when? _____

Reason(s) for Leaving _____

Employer _____

Address _____

Phone Number: () _____ Job Title(s) _____

Explanation of Duties: _____

Beginning and Ending Dates of Employment _____

Supervisor's Name and Title _____

May we contact now? _____ Yes _____ No If no, when? _____

Reason(s) for Leaving _____

Employer _____

Address _____

Phone Number: () _____ Job Title(s) _____

Explanation of Duties: _____

Beginning and Ending Dates of Employment _____

Supervisor's Name and Title _____

May we contact now? _____ Yes _____ No If no, when? _____

Reason(s) for Leaving _____

EMPLOYMENT HISTORY (continued)

Employer _____

Address _____

Phone Number: () _____ Job Title(s) _____

Explanation of Duties: _____

Beginning and Ending Dates of Employment _____

Supervisor's Name and Title _____

May we contact now? _____ Yes _____ No If no, when? _____

Reason(s) for leaving _____

REFERENCES

Please ATTACH three (3) written references who are not related to you and who are not previous employers.

NOTE: YOUR APPLICATION CANNOT BE CONSIDERED IF THREE REFERENCE LETTERS ARE NOT ATTACHED.

Please explain your interest, qualifications and/or general contributions you feel you could make to improving the quality of life for developmentally disabled individuals.

CERTIFICATE OF APPLICANT (Read Carefully Before Signing)

I hereby certify that all statements made in this application are true and complete, and I agree and understand that any misstatements of material facts herein will result in the withdrawal of the employment offer or the termination of my employment. CHESCO Services is authorized to request a transcript, at my expense, where necessary to verify my education record and make whatever background investigation is necessary for employment purposes. I have no objection to being fingerprinted and having my record checked, at my expense, through state and federal law enforcement agencies. I authorize CHESCO Services to secure a copy of my driving record, at my expense, from the South Carolina Highway Department. I certify that I have never been involved in a substantiated case of abuse or neglect. I further agree to provide a report on a physical examination accompanied by certain lab test results including tuberculin skin test or x-ray and drug and/or alcohol screen as a condition of employment. I also certify that I am not in default of any of the following type of loans: National Direct Student Loan, National Defense Student Loan, Guaranteed-Federally Insured Student Loan, Nursing Student Loan, Health Professional Student Loan or Law Enforcement Education Loan. I understand that the display of a tattoo or other body art is prohibited and must be covered during work hours, body piercings other than in the ear lobes are prohibited (including, gauges, talons, earlets and cartilage rings) and that appropriate clothing and shoes must be worn while at work. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with CHESCO Services is of an "at will" nature, which means the employee may resign at any time and the employer may discharge an employee at any time with or without cause.

Applicant's Signature: _____

Date _____

05/97

Rev. 03/99

Rev. 06/08

Rev. 07/15

*** REQUIRES APPLICANT'S SIGNATURE ONLY**

CHESCO Services
REFERENCE REQUEST

DATE: _____

TO: _____

I am an applicant for employment with the CHESCO Services which has a mailing address of P. O. Drawer 151, Chesterfield, SC 29709.

I hereby authorize permission to release the following information regarding my performance while I was in your employ or served in a volunteer capacity with your organization. Please return this completed form by Fax to 843-623-5413. If you have any questions, please contact Chad Davidson at CHESCO Services at 843-623-5420.

*** APPLICANT'S SIGNATURE** _____

Dates with your firm or organization: FROM _____ TO _____
Month/Year Month/Year

Job Title (or volunteer capacity): _____

Reason given for leaving: _____

Is this person eligible for re-employment? ____ Yes ____ No

Please rate the following performance characteristics:

ABILITY

- ___ Excellent
- ___ Good
- ___ Satisfactory
- ___ Average
- ___ Below Average
- ___ Unsatisfactory

INITIATIVE

- ___ Excellent
- ___ Good
- ___ Satisfactory
- ___ Average
- ___ Below Average
- ___ Unsatisfactory

PRODUCTIVITY

- ___ Excellent
- ___ Good
- ___ Satisfactory
- ___ Average
- ___ Below Average
- ___ Unsatisfactory

ATTENDANCE

- Excellent
- Good
- Satisfactory
- Average
- Below Average
- Unsatisfactory

QUALITY OF WORK

- Excellent
- Good
- Satisfactory
- Average
- Below Average
- Unsatisfactory

Please comment on the following personal characteristics and achievements:

Personality and ability to get along with people: _____

Acceptance of constructive criticism: _____

Outstanding strong traits: _____

Outstanding weak traits: _____

Further comments: _____

I Do Do Not recommend this person for the job with the CHESCO Services.

Signature of Person Providing Assessment

Title