

Applying for a CDL position with Oconee County.

Please read carefully

- ◆ All applicants **must** complete an application which will become part of our applicant pool for six (6) months. After six (6) months your application will become inactive and you will need to complete a new application.
- ◆ Once a position becomes available that you wish to apply for you must contact the Oconee County Human Resources office and request your application be pulled to become active for that position. For activation you will then need to sign a statement instructing Human Resources to activate your application. You will be required to contact Human Resources for activation of your application as vacancies become available in which you are interested.
- ◆ Contact information is: (864) 638-4252 or debbiesmith@oconeesc.com
Fax # (864) 718-1027 Website: www.oconeesc.com

Oconee County
415 South Pine Street
Walhalla, SC 29691
864-638-4252

Employment Application

READ THESE INSTRUCTIONS CAREFULLY

Please keep in mind, this application will become part of your permanent file should you be employed. If necessary, you may use additional sheets of paper. Do not include any information regarding race, color, creed, age, gender or nation origin.

EQUAL OPPORTUNITY POLICY

“It is the policy of Oconee county to seek and employ the best qualified personnel in all of its facilities and to provide equal opportunity for the advancement of employees, including upgrading, promotion and training; and to administer these activities in a manner which will not discriminate against any person because of race, color, religion, age, gender, national origin, or physical or mental handicap.

Today's Date: _____

Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Present Address: _____
Street City State Zip How Long?

Previous Address: _____
Street City State Zip How Long?

EMPLOYMENT INFORMATION

Position Applied For: _____ Date Available: _____

DO YOU POSSESS A COMMERCIAL DRIVER'S LICENSE? _____ Yes _____ No

All applicants that are applying for CDL positions must provide 10 year employment history that is required by (49 CFR 383.35) & a 10 year certified copy of their state motor vehicle record with application.

Type A _____ Type B _____ Type C _____

Are you 18 years of age or older? _____ Yes _____ No

Have you ever worked for Oconee County? _____ Yes _____ No

If yes- What Department? _____ When? _____

Have you ever been convicted for anything other than a traffic violation? _____ Yes _____ No
If yes, explain: _____

EDUCATION

NAME & LOCATION OF SCHOOL

DEGREE

Elementary

High

Trade

Technical

College

Graduate

DRIVER QUALIFICATION FOR EMPLOYMENT FOR CDL DRIVERS

All applicants that are applying for CDL positions must provide 10 year employment history that is required by (49 CFR 383.35) & a 10 year certified copy of their state motor vehicle record with application.

10- year Employment History Required By (49 CFR 383.35)

Current Employer: JOB DESCRIPTION AND SUMMARY

Name of Immediate Supervisor:

Address:

Phone Number:

Date Started:

Date Left:

Salary: \$

Was past employment subject to DOT regulated alcohol and controlled substance testing? Yes or No

Reason for Leaving:

***PREVIOUS EMPLOYER**

Current Employer: **JOB DESCRIPTION AND SUMMARY**

Name of Immediate Supervisor:

Address:

Phone Number:

Date Started:

Date Left:

Salary: \$

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Reason for Leaving:

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JOB DESCRIPTION AND SUMMARY

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Reason for Leaving:

(PLEASE PROVIDE A CERTIFIED STATE MOTOR VEHICLE RECORD FOR THE PAST 10 YEARS & SUBMIT WITH APPLICATION)

References: Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE #
1.		
2.		
3.		

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application will be rejected and, if I am employed, my employment may be terminated.

In consideration of my employment, I agree to conform to the County rules, regulations and policies, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice at either my or the County's option. I also understand that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, and any time by the County.

I understand that this application is valid for six (6) months. After six (6) months it will become inactive.

Signature _____ Date _____

TO BE READ AND SIGNED BY APPLICATION

By completing and submitting this application, I: _____

- ◆ Authorize Oconee County (Employer), its affiliates or its agents to investigate my background, character, general reputation, record of convictions and charges pending, and prior employment by contacting my prior employers, references or any other individuals or agencies the Employer considers necessary
- ◆ Authorize the Employer, my prior employers, references and any other individuals or agencies contacted by the Employer to release any and all information they may have regarding me and absolve those parties who provide information requested from any and all liability related to their doing so.
- ◆ Acknowledge elements of the employer’s affirmative action programs may be reviewed by any employee or applicant in the Human Resource Department upon reasonable request during regular business hours
- ◆ Acknowledge that any employment offered to me is “at the will”, meaning that the employment relationship can be terminated by either the employer or by me at any time with or without cause
- ◆ Acknowledge that I will be required and agree to submit to a physical examination and testing for drug use as part of the Employer’s evaluation procedures and authorize release of my results to the Employer and the Employer’s use of those results in deciding whether I should be offered employment
- ◆ Acknowledge and agree that evidence of illegal drug use during my employment will be grounds for immediate termination without notice and without recourse
- ◆ Certify by my signature that all entries on this application and all information in it are true and complete to the best of my knowledge
- ◆ Agree that, if any of the information provided in this application changes, whether before or after employment, I will immediately provide the Employer with new and update information
- ◆ Agree that not updating or providing false, misleading or incomplete statements in this application or in connection with the Employer’s evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered

Date: _____

Signature: _____

APPLICANT DATA RECORD
(Completion of this form is voluntary.)

This Data is for periodic government reporting and will be kept in a confidential file separate from the application for employment.

All applicants are considered without regard to race, color, religion, sex, national origin, veteran status, disability of any other legally protected status.

Name: _____ Phone: () _____
 Last First Middle

Position Applying For: _____

Date of Birth: _____ / _____ / _____ Sex: Male / Female

How did you learn about this position vacancy? (Please check source below)

- Job Line College Placement Internal Bulletin
- Classified Advertisement (indicate source) _____
- Employment Agency Friend Human Resources Office
- Relative Internet Walk in
- Oconee County Web site Other _____

As Employers/Government Contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please complete the applicant data record information. We appreciate your cooperation.

Race/Ethnic Data:

- White Black Hispanic Other _____

Veteran Classifications(s):

- World War II or Korea Vietnam Era Veteran Other Combat Veteran
- None