



UNION COUNTY DETENTION CENTER PERSONAL HISTORY STATEMENT

Place in a sealed Envelope and return to the Union County Supervisor's Office at 210 West Main Street Union, SC 29379 to the attention of the Human Resources Manager or Capt. Wade.



**Authorization for Release of Information**

To whom it may concern:

Re: Application for Employment with Union County:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

I hereby authorize a representative of Union County, bearing this release, to obtain any information in your files pertaining to my reputation, police records, medical records, credit/financial records, school records, past and present employment records and military records including all information of a confidential or privileged nature, and Photostats of the same if requested. In applying for employment with Union County, I hereby waive my rights of access to the letters relating to police records, medical, credit, school, military or employment history and letters of recommendation.

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of SC

My Commission expires: \_\_\_\_\_

## Personal History Statement

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

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Must provide physical address as well as PO Box/Apt # if applicable)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (business) \_\_\_\_\_  
(Please indicate which number you would prefer to be contacted on)

Are you eligible to work in the United States? Yes \_\_\_\_\_, No \_\_\_\_\_

Are you 21 years of age or older? Yes \_\_\_\_\_, No \_\_\_\_\_

Do you have relatives employed by the County? Yes \_\_\_\_\_, No \_\_\_\_\_

If yes please list name, department and degree of relation:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed by Union County? Yes \_\_\_\_\_, No \_\_\_\_\_ if yes list dates:

\_\_\_\_\_

What date are you available to begin work? \_\_\_\_\_

Have you ever been convicted, pled guilty or pled no contest to a crime other than a traffic violation? Yes \_\_\_\_\_, No \_\_\_\_\_

If yes, list charge(s), where convicted, date and disposition or current status:

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Were you in the US Armed Forces? Yes \_\_\_\_, No \_\_\_\_

If yes list Branch, and Rank at discharge: \_\_\_\_\_

Dates of Duty: From: \_\_\_\_\_ to \_\_\_\_\_  
 (Month, day, year) (Month, day, year)

### Education

Name of High School-Location	Highest Grade Completed	Did you graduate?	Diploma	Dates Attended
			Yes/No	From: To:
GED	Date:			
Name of College-Location	Number of years attended	Did you graduate?	Degree/certificate or diploma:	Dates Attended
				From: To:
Other-Location	Number of years attended	Did you graduate?	Degree/Certificate or diploma:	Dates Attended
				From: To:
Trade or vocational school-location	Number of years completed	Did you graduate?	Degree/Diploma or certificate	Dates Attended
				From: To:

Do you possess a valid SC Driver's License? Yes \_\_\_\_, No \_\_\_\_

If yes list DL Number: \_\_\_\_\_

If no, do you possess a valid Driver's License from any other state? Yes \_\_\_\_, No \_\_\_\_



## Work History

Begin with your most recent employer, you may copy and attach additional pages if necessary. List all positions held and military service if any. Please answer all questions in complete detail. We may contact any employer listed and by signing and returning the Release attached to the front of this packet you have given us complete access to previous employment records.

1. Name of Company \_\_\_\_\_, Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_, per \_\_\_\_\_

Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_, per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ phone# \_\_\_\_\_

Description of duties \_\_\_\_\_

\_\_\_\_\_

2. Name of Company \_\_\_\_\_, Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_, per \_\_\_\_\_

Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_, per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ phone# \_\_\_\_\_

Description of duties \_\_\_\_\_

\_\_\_\_\_

Work history cont'd.....

3. Name of Company \_\_\_\_\_, Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_, per \_\_\_\_\_

Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_, per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ phone# \_\_\_\_\_

Description of duties \_\_\_\_\_

4. Name of Company \_\_\_\_\_, Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_, per \_\_\_\_\_

Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_, per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ phone# \_\_\_\_\_

Description of duties \_\_\_\_\_

Please list the law enforcement jurisdictions in which you have lived for the past ten years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list three references who are not relatives or previous supervisors that have known you for a minimum of three (3) years.

Name	Address	phone #
Name	Address	phone#
Name	Address	phone#

Please make any additional comments you feel may aid in the evaluation of this application:

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**Certification of applicant**

I affirm, agree, and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of facts may result in my being disqualified or my being discharged should I already be employed by any Union County Department. My background may be investigated, including a fingerprint check. I may be required to successfully complete a medical exam as a condition of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditional upon acceptable information and verification from such employer prior to beginning work. Copies of this form may be furnished to other Union County Department Heads. I understand that if I am hired I am employed at-will and may be discharged at any time, without notice.

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Applicant's Signature  
Dated: \_\_\_\_\_