

S.C. DEPARTMENT OF PARKS, RECREATION AND TOURISM

**An Equal Opportunity Employer
APPLICATION FOR TEMPORARY EMPLOYMENT
SOUTH CAROLINA STATE PARK SERVICE**

PERSONAL DATA:

Name _____ Social Security # _____
Last First Middle

Address _____
(Local or School) City State Zip Phone

Address _____
(Permanent) City State Zip Phone

Date of Birth: _____ Are you authorized to work in the U.S.? Yes ___ No ___
(If under 21 years of age)

Do you possess a valid Driver's License? No ___ Yes ___ If Yes: _____
State Number Expiration Date

Have you been convicted of a crime other than minor traffic violations? Yes ___ No ___
Note: A "Yes" answer will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position applied for are considered.

EDUCATION AND TRAINING: Circle the last year completed: High School 1 2 3 4

Number College Years Completed 1 2 3 4 If still in college, estimated Graduation Date: _____

Degree Obtained _____ Date Degree Obtained _____

Name of College or Vocational School _____

Major Subjects _____

Special studies, training or educational experience _____

Current lifesaving certificates held and expiration date: _____

First Aid and CPR: Describe training and present certification: _____

Do you operate any of the following equipment: Power Mower ___ Tractor ___ Computer ___ Cash Register ___
Typewriter ___ (Words per minute ___) Other _____

RELATED WORK EXPERIENCE:

Employer _____ Immediate Supervisor _____

Address _____

Duties Performed _____

Dates of Employment: _____ to _____ Reason for leaving _____

Have you worked in a State Park before? ___ Where? _____

What Position? _____ Dates of Employment: _____ to _____

Supervisor's Name _____

Have you ever been fired or forced to resign from any job? No ___ Yes ___ If yes, explain. _____

POSITION APPLIED FOR:

Program Specialist(Recreator) ___ Program Specialist(Naturalist) ___ Lifeguard ___ Waterfront Director ___ Maintenance ___

Retail Sales ___ Parking Fee Attendant ___ Other ___

Would you accept employment in any park? Yes ___ No ___ In which parks would you prefer employment? _____

State why you think you are qualified for the job(s) for which you are applying: _____

Dates available for work: From _____ To _____

REFERENCES: (Give Two)

Name	Address	Phone

S.C. State Law prohibits State employment to persons who have willfully defaulted on student loans. In accordance with the S.C. Code of Laws (Section 59-111-50) as amended, all applicants for employment are required to complete the following certification: **(check one)**

___ I certify that I am not in default on any of the following types of loans:

National Direct Student Loan	Law Enforcement Educational Loan
National Defense Student Loan	Health Professions Student Loan
Guaranteed-Federally Insured Student Loan	Nursing Student Loan

I understand that my defaulting on such loans will preclude my continued or future employment with the South Carolina State Government unless I voluntarily enter into and honor an agreement after default under which terms the debt will be repaid and the lender provides written confirmation of the agreement to the State.

___ I am currently in default on one or more of the above loans. I understand that my application for employment will not be processed until I voluntarily enter into and honor an agreement after default under which terms the debt will be repaid and the lender provides written confirmation of the agreement to the hiring office. I also understand that my participation in the agreement described above will not prejudice my application for employment by the State.

I have read, and agree to adhere to the appearance code and to abide by the rules and regulations of the S.C. State Park Service and the Park to which I am assigned. 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 a State agency, department, or institution; my background may be investigated, including a fingerprint check; I may be required to successfully pass a medical examination as a condition 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; copies of this form may be furnished to other State agencies, departments, and institutions.

Through the Family Independence Act of 1995, state agencies are actively recruiting welfare and food stamp recipients. Are you currently receiving AFDC benefits or food stamps? ___ Yes ___ No

SIGNATURE _____ **Date** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWER'S COMMENTS: _____

Interviewer's Signature

Date