



## **CLEMSON DOWNS**

RETIRE WELL.

### **\*Attention Applicants\***

**Please read before filling out this application.**

**Our hiring process at Clemson Downs consists of the following:**

- **Background Check**
- **SLED Check**
- **Reference Check**
- **Pre-employment Drug Screen**
- **Tuberculosis Screen**
- **Physical**
- **E-Verify (employment eligibility verification)**
- ***If applying for a driving position, we will check Driving Records.***
- ***If applying for a nursing or nurse assistant position, we will check License or Certificate Status.***

**Proof of employment eligibility must be presented at the time of hire.  
Please be prepared to provide State and Federal ID at time of job offer.**

**If applying for a nursing or nurse assistant position you must have your Certification, CPR Certification, and First Aid Certification.**

**Thank you,  
Human Resources**

# EMPLOYMENT APPLICATION

## APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" on last page.
2. Complete all pages of the application.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "N/A" if not answering a question.
5. Provide only requested information. Failure to do so may result in disqualification of your employment.

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST M.I.

CELLPHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET

CITY STATE ZIP

MAILING ADDRESS: \_\_\_\_\_  
STREET

CITY STATE ZIP

Have you lived continuously in South Carolina for the last full year? \_\_\_\_\_

Have you lived continuously in South Carolina for the last full year? \_\_\_\_\_

**AVAILABILITY** For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_ What category would you prefer?  Full-time  Part-time  Temporary  Permanent

For which schedules are you available?\*  Weekdays  Weekends  Evenings  Nights  Overtime  Shift  Other \_\_\_\_\_

\*reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices (All other States)

USE THIS SPACE IF YOU NEED TO BE MORE SPECIFIC ABOUT YOUR AVAILABILITY

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

**JOB-RELATED SKILLS** NOTE! Do not fill out any part of this section you believe to be non-job related.

Yes  No Do you have a current occupational license or certification in another state?  
Name on license \_\_\_\_\_ L# \_\_\_\_\_ Type \_\_\_\_\_ State of issue \_\_\_\_\_  
Date of issue \_\_\_\_\_ Years experience in this field \_\_\_\_\_

Yes  No If the job requires, do you have the appropriate valid drivers license?  
Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Type \_\_\_\_\_ State of issue \_\_\_\_\_

Yes  No Have you had any moving violations within the last seven years? Please describe \_\_\_\_\_  
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. \_\_\_\_\_

Yes  No Have you been given a job description or had the essential functions of the job explained to you?

Yes  No Do you understand these essential functions?

## SECURITY

Yes  No Have you used any names other than given above? If so, please list in comments below.

Yes  No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below.  
(Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT CITY/STATE CHARGE

1.		
2.		

\_\_\_\_\_

COMMENTS (ASK FOR AN ADDITIONAL PAGE, IF NECESSARY)

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

**PREVIOUS EMPLOYERS**

PLEASE NOTE. Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S. A CURRENT FAX NUMBER IS MANDATORY.

**MOST RECENT EMPLOYER**       Yes     No    Are you currently working for this employer?  
                                                   Yes     No    If yes, may we contact?

<u>COMPANY NAME</u>	<u>CITY</u>	<u>STATE</u>	Phone Fax
<u>FROM DATES EMPLOYED</u>	<u>JOB TITLE</u>	<u>SUPERVISOR NAME</u>	
<u>DUTIES</u>			
<u>SALARY PER HOUR, WEEK, MONTH</u>		<u>REASON FOR LEAVING</u>	

**SECOND MOST RECENT EMPLOYER**

<u>COMPANY NAME</u>	<u>CITY</u>	<u>STATE</u>	Phone Fax
<u>FROM DATES EMPLOYED</u>	<u>JOB TITLE</u>	<u>SUPERVISOR NAME</u>	
<u>DUTIES</u>			
<u>SALARY PER HOUR, WEEK, MONTH</u>		<u>REASON FOR LEAVING</u>	

**THIRD MOST RECENT EMPLOYER**

<u>COMPANY NAME</u>	<u>CITY</u>	<u>STATE</u>	Phone Fax
<u>FROM DATES EMPLOYED</u>	<u>JOB TITLE</u>	<u>SUPERVISOR NAME</u>	
<u>DUTIES</u>			
<u>SALARY PER HOUR, WEEK, MONTH</u>		<u>REASON FOR LEAVING</u>	

**REFERENCES**    Include only individuals familiar with your work ethic. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

NOTE: Do not fill out any part of this section you believe to be non-job related.

**EDUCATION**

If your records are under a different name than listed on page 1, please enter that name: \_\_\_\_\_

HIGH SCHOOL	NAME	CITY/STATE	GRADUATED	DEGREE?
COLLEGE				
OTHER				

**CERTIFICATION AND RELEASE**    I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and /or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect illegal drugs prior to and during employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

--	--

## Applicant Affirmative Action Program Self Identification Form

### Required Information

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

### Voluntary Information

To comply with the regulations for equal employment opportunity and affirmative action (EEO/AA), Clemson Downs must track our applicants by gender and race/ethnicity and the position they applied for to the government. We invite you to indicate your gender and race/ethnicity below. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department; and will be used only for the necessary information to include in our Affirmative Action Program and reporting requirements to the government. When reported, data will not identify any specific individuals.

**Gender:**         Male                     Female

Definitions of race/ethnicity are on the next page (as defined by the Equal Employment Opportunity Commission).

### Race/Ethnic Identification (check one):

Are you Hispanic or Latino?    Yes             No

**If you answered “Yes” you have completed this form. If you answered “No” please select a race from the options below.**

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

I do not wish to disclose.

### **Definitions of race/ethnic categories**

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American** (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian** (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races** (Not Hispanic or Latino) - All persons who identify with more than one of the above five races

7/20/16

Desktop/Human Resources/ Hiring process/ Applicant Affirmative Action .Self Identification

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

How did you learn about us?

\_\_\_ Advertisement \_\_\_ Friend \_\_\_ Inquiry \_\_\_ Employment Agency \_\_\_ Relative \_\_\_ Other

Best time to contact you is: \_\_\_\_\_

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. \_\_\_\_\_

Do any of your friends/relatives, other than spouse work here? YES \_\_\_ NO \_\_\_

If yes, state name, relationship, and department.  
\_\_\_\_\_

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? YES \_\_\_ NO \_\_\_

*Proof of citizenship or immigration status will be required upon employment.*

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**APPLICANT NOTE** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

I acknowledge that I have read and understand the APPLICANT NOTE above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



South Carolina  
Law Enforcement Division

P.O. Box 21398  
Columbia, South Carolina  
29221-1398

Henry D. McMaster, Governor  
Mark A. Keel, Chief

Tel: (803) 737-9000

**CRIMINAL RECORD CHECK**

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): \_\_\_\_\_

AKA and/or MAIDEN NAMES: \_\_\_\_\_

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

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

**(A self addressed stamped envelope is required for the return of background**

**CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY**

NAME OF ORGANIZATION: \_\_\_\_\_

VERIFICATION NUMBER (as provided by SLED for online checks): \_\_\_\_\_

SCHOOL DISTRICTS ONLY – POSITION APPLIED FOR: \_\_\_\_\_

*(A self addressed stamped envelope is required for the return of background check)*

**PLEASE NOTE:**

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. **PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED.** This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

***\*SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.***

(CJ-022) Revised 09/25/15



An Accredited Law Enforcement Agency



ALI-359-T