

SOUTH CAROLINA EDUCATION LOTTERY COMMISSION

EMPLOYMENT APPLICATION

1. APPLYING FOR:

Job Title _____

Position Number _____ Location _____

2. HOW DO WE CONTACT YOU?

Social Security Number _____ - _____ - _____ Your Name _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone () _____ Business Phone () _____

Fax Number () _____ E-mail Address _____

3. TELL US ABOUT YOUR EDUCATION

High School (Name) _____ (Location) _____

Diploma Other (Specify) _____ Highest Grade Completed _____

College Graduate? Yes No If no, give total credit received _____ Your Name If Different While Attending School _____

Give name & address of school, major course of study, and degree received.

Undergraduate College / University

Graduate School

Degree _____ Year Degree Obtained _____

Degree _____ Year Degree Obtained _____

Pertinent Undergraduate Courses _____ Credits _____

Pertinent Graduate Courses _____ Credits _____

Job-Related Training and Course Work

List any skills, licenses, and certificates which are related to the job you seek (including words per minute typing speed and computer software proficiency).

Do you possess a valid driver's license? Yes No _____ If yes, provide
(State)

Number _____ Expiration Date _____ Class: (check one) A B C D E F

Do you have any relatives employed with the State of South Carolina? If yes, please provide names below:

Name _____ Relation _____ Agency _____

Name _____ Relation _____ Agency _____

Have you ever been convicted of a criminal offense? Yes No

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charge(s) _____

Where Convicted	Date	Disposition/Status
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Have you ever been terminated or forced to resign from any job? Yes No If yes, explain _____

Give the names of two people, not relatives, who are familiar with your work.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

Are you legally authorized to work in the United States? Yes No

Student Loan: State law (59-111-50) prohibits employment with the State to people who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

Signature _____ Date _____

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and/or employees of the South Carolina Education Lottery Commission which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of the South Carolina Education Lottery Commission to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature _____ Date _____

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination 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.

Signature _____ Date _____

4. TELL US ABOUT YOUR WORK EXPERIENCE:

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. **All information in this section must be complete. A résumé may be attached, but not substituted for completing this section.**

1. Name of Present or Last Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____
May we contact this employer? Yes No
Job Duties (give details)

Reason for Leaving

2. Your Next Most Recent Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____
Job Duties (give details)

Reason for Leaving

3. Your Next Most Recent Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____
Job Duties (give details)

Reason for Leaving

4. Your Next Most Recent Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____
Job Duties (give details)

Reason for Leaving

5. Your Next Most Recent Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____
Job Duties (give details)

Reason for Leaving

6. Your Next Most Recent Employer _____
Address _____ Phone () _____
Job Title _____
Number Supervised _____ Supervisor's Name _____
From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____
Job Duties (give details)

Reason for Leaving

5. EEO DATA REPORTING FORM:

The federal government requires the following information to be collected for statistical reporting as a part of the Affirmative Action Program. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual. This form will be removed prior to being forwarded to the hiring authority.

Today's Date _____ / _____ / _____

Social Security Number _____ - _____ - _____

Last Name _____

First Name _____ Middle _____

Position for which you are applying _____
Title

Position Number _____

Sex (Check appropriate box) Male Female

Date of Birth _____ / _____ / _____

- Race (Check appropriate box)
1. American Indian / Alaskan Native
 2. Asian / Pacific Islanders
 3. Black / Non Hispanic
 4. Hispanic
 5. White / Non Hispanic

Will you need reasonable accommodations to participate in the selection procedures (e.g., interview, written tests, or job demonstration)?

Yes No

If yes, please specify the accommodation you need. _____

