Tamassee DAR SCHOOL

8 9	Tamassee DAF	School	Emplo	oyment Ap	plication
Famassee DAR SCHOOL	2n	· Interview d Interview re Date	N5_		istry Ier Registry
pproval to Hire: Lori	Bailey, Chief Execu	tive Officer	Date		
Position Applied For:		Type of Emplo	pyment:	Date:	
		☐ Full Time ☐ Part Time	☐ Summer☐ Temporary		
Name of Applicant					
Last	First		Mic	ddle	Suffix
Physical Address (Including Mailing Address (Including					
Previous Address (if less t	han 5 years at current)				
Social Security Number		Tel	ephone (Home)	(Other)	
Do you have a valid driver's	S No.	Class:	State 1	Number:	

Email Address:

license?

Highest grade completed		Year Graduated
	Year	Degree
completed	Graduated	
No. of years	Year	Degree
completed	Graduated	
		·
	No. of years completed	No. of years completed Year Graduated No. of years Year

Name of Employer		Type of Business	Phone		
Address (City, State, Zip)		Department	Your Position		
Duties					
Name and Position of immediate Sup	ervisor				
Date Employed (Day, Mo, Yr)	Date Left	(Day, Mo, Yr)	Start Salary	Final Salary	
Reason for leaving					
May we contact this employer?	□ Yes □] No			
Name of Employer		Type of Business	Phone		
Address (City, State, Zip)		Department	Your Position	Your Position	
Duties					
Name and Position of immediate Supi	ervisor				
Date Employed (Day, Mo, Yr)		Day, Mo, Yr)	Start Salary	Final Salary	
Reason for leaving					
May we contact this employer?					
May we commen mis employer:	□ Yes □	No			
Name of Employer		Type of Business	Phone		
Address (City, State, Zip)		Department	Your Position		
Duties					
Name and Position of immediate Supo	ervisor				
Date Employed (Day, Mo, Yr)	Date Left (D	pay, Mo, Yr)	Start Salary	Final Salary	
Reason for leaving					
May we contact this employer?	□ Yes □	No			

Names of References Please do not list relatives or former employers	Con	nplete Address	Phone
Trease de not not realitée et formet empreyers			
Whom do you know at Tamassee DAR School?	ı		
Activities/Interest or hobbies:			
Do you agree to have SLED, Sex Offender &	Central Registry o	hecks 🗆 Yes 🗆 No	
done? Do you agree to medical exams related to the	naguinaments of		
position?	requirements of	□ Yes □ No	
Do you agree to have a Motor Vehicle Record'	s check done?	□ Yes □ No	
Emergency Contact Name		Relationship	Phone
Emergency Contact Name		Relationship	Phone
We appreciate your interest in seeking employ			
provided below or attach any additional inform	nation that would	be helpful in evaluating your	qualifications.
Additional Remarks			

Please read Carefully

An Equal Opportunity Employer

We are an equal opportunity employer and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct. I hereby apply for employment upon the basis and understanding that such employment may terminate at any time upon notice given to me personally or sent to my last known address.

I consent to Tamassee DAR School obtaining such personal and job-related information as required in connection with this application for employment.

Date	Signature of Applicant
For statistical purposes only, how did you hear o	about Tamassee DAR School?

Tamassee DAR School

APPLICANT QUESTIONAIRE

(This questionnaire is intended for Children Services Staff only)

1.	Are you over the age of 21?Yes	No		
2.	Are you a high school graduate or do you have a GED?	Yes	No	
3.	Do you have a valid South Carolina Driver's License?	Yes	No	
4.	Have you ever driven a 15 passenger van day and night	?Yes	No	
5.	Do you have the availability to reside in campus housing	g?	Yes	_No
6.	Do you have the skills to instruct and supervise the tree Ex: maintain clean building, prepare meals for entire a student clothing & cottage linens, model and teach appropriate devotional, attend campus events with students, recognished teaching daily skillsYesNo	cottage, manag propriate daily	ge cottage laur living skills, m	anage a daily
7.	Are you able to manage and do you have the necessary date cottage records? Ex: cottage fill for each child reports, cottage finances, donation log & thank you not	, daily reports		· · · · · · · · · · · · · · · · · · ·
8.	Do you possess good communication and counseling abiliclearly, and positively with students & staff, use position follow guidelines for dealing with student management follow teaching parent staff, report all medical needs time, multiple-task in a positive way. Yes	ive teaching to , communicat	o improve chil e openly and co	d behavior, ompletely with
9.	Do you present yourself as a professional? Ex: attended prompt, promote a positive environment for students of Tamassee DAR School in a positive way on and off came	and their fami	•	•
Addit	ional Comments:			
	Applicant's Signature		Date	

COPIES REQUIRED:

High School Diploma - GED

Or

Degree - Required

These copies must accompany your application. They are a licensing requirement for consideration for employment.

Thanks for your cooperation.

Jan Honeycutt Human Resources Department

Tamassee DAR School SIGNATURE AUTHORIZATION FORM

EMPLOYEE REFERENCE CHECK give Tamassee DAR School my permission to contact any of my previous employers in order to determine consideration of employment with Tamassee DAR School.				
Applicants Signature	 Date			
MOTOR VEHICLE RECORDS	CHECK			
I,hereby authorize To to verify information regarding employment with	amassee DAR School to access my Motor Vehicle Record n Tamassee DAR School.			
Applicants Signature	 Date			

Tamassee DAR School

Authorization Form Criminal Records Check

Type or print clearly using black ink. Middle Last name **First** Gender \square Male \square Female Date of Birth (MM/DD/YY) US Soc. Security Number Driver License or State ID Number State Check here if you do not have a Driver License or State ID card. \Box I, the undersigned, authorize Tamassee DAR School through the department of Social Services, to conduct a SLED and Central Registry background criminal records check by name and identifiers to determine the existence of any arrest resulting in conviction. I also understand that a State and National Sex Offender check will be completed by SLED and the US Dept of Justice. These results will be sent directly to Tamassee DAR School.

Date

Signature

Tamassee DAR School DRUG TESTING CONSENT FORM

Everyone has the right to work in an environment that is free of drug and alcohol abuse. Tamassee DAR School, Inc. offers a drug free workplace to its employees. All applicants and employees will be required to submit to a drug-test as a condition of employment. If you are injured on the job, you will be required to submit to a drug test. Drug tests will also be scheduled on a random basis.

Compliance with Tamassee DAR School's substance abuse policy is a condition of

employment. The failure or refusal of an employee to cooperate fully, sign any required documents, or submit to any inspection or test will be considered a positive test result and therefore grounds for termination.

I, ______understand the above information and agree to these conditions. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights of such test records and results only to the extent of the disclosures in the program.

Employee Signature Date

Date

Human Resource Witness

South Carolina Department of Social Services CONSENT TO RELEASE INFORMATION

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

	Y			•	•	•
SECTION I. Purpos	se for Request				,	
A. I am requesting a Abuse and Negle	search of the Ce	entral Registry of ection with:	f Child Abuse a	nd Neglect and th	ne Department's data	abase of records of Child
	or remaining a fos		tential adoptive	parent; or		
☐ becoming of	or remaining an er	mployee of or a	member of the	state or a local fo	ster care review boa	ird; or
	an employee or vo	olunteer for the	South Carolina	Guardian ad Liter	n Program or Richlar	nd County, CASA.
B. 🛭 I am requestir	ng a search <u>ONLY</u>	of the Central I	Registry of Chil	d Abuse and Neg	lect for a purpose of	<u>emplogment</u>
SECTION II. Mail R	esults To:	AMASSEE	the second of the second	100L	ATTN. Jan	Honeyeust
		P.0.	BOX 8		TEL. NO: 804	1 944 1291
		TAMASSE	E. SC 29	686	_ !EL. NO: <u>UU'</u>	1 11 1010
		17 (11771100 ==				
SECTION III. Centr CAȘH).	al Registry Chec	k Fees: Please	☑ appropriat	e box and inclu	de payment. Check	or Money Order (NO
Non-Profit Entities	3	\$8.00	□ Na	me Changes	\$8	3.00
☐ For-Profit Entities		· ·	and the second s		tc.)\$8	
☐ State Agencies			🗆 Pri	vate Adoption Inv	estigations\$2	5.00
☐ Schools	***************************************	\$8.00	•			
SECTION IV. Pleas					•	
Name:				DOB:	Sex:	Race:
Place of Birth:				SSN: (See inst	ructions)	
					·	
SECTION V. Your s South Carolina Dept	signature <u>MUST</u> . of Social Service	be witnessed o es, ATTN: Cash	r notarized. Pl ier, 1535 Confe	ease mail appro ederate Avenue, F	priate payment and P.O. Box 1520, Colun	form for processing to: nbia, SC 29202-1520.
	Signature of Applic	cant	**************************************	D	ate	
		*****	·			
Sig	nature of Notary or	Witness		D	ate	
SECTION VI. RESU DEPARTMENT.	JLTS: THIS SEC	FION IS TO BE	COMPLETED	ONLY BY AUTHO	RIZED DSS EMPLO	YEES OF THE
☐ The name is not	included as a per	petrator on the	Central Registr	of Child Abuse a	and Neglect.	
☐ The request has required. Please	been received. A	dditional researd	ch will be requir	ed to respond to	the request. Thirty to	sixty days may be
☐ The name is incl						
☐ The name is incl correspondence.	uded as a perpetr	ator in the Depa	artment's databa	ase of records of	child abuse and negl	ect cases. See attached

Date

Authorized DSS Employee