Applicant Information and Instructions

Thank you for your interest in employment with our institution. Florence-Darlington Technical College is an equal opportunity employer. We are actively seeking qualified applicants to fill vacant positions as they become available. We accept applications for adjunct faculty on an on-going basis. We accept staff applications only when there is an opening. Please contact our website for a complete listing of all vacant positions. We ask that you take the time to read this information so that you can better understand our application and hiring process.

Application Process

Applicants must complete the Florence-Darlington Technical College Employment Application, the EOE data reporting form, and sign the reference forms and submit the entire packet. For a faculty position, you must include copies of all transcripts. Your application may be excluded from consideration if the packet is not complete. A resume may be attached; however, all sections of the application must be completed. Please give detailed information about previous job duties and responsibilities. The application must be dated and signed in all requested areas. In addition, the position you are applying for must be noted at the top of the application.

A separate application must be submitted for each position applied for. We suggest you keep a copy of your original application to aid you in completing future applications.

Interview Committee

FDTC uses interview committees for all positions. The committee will review all applications and identify those to be invited for an interview.

Interviews

Applicants selected for an interview will be contacted by the Human Resources office to schedule an interview. Two or three applicants will be invited for a second interview with the appropriate Vice President, President, and Director of Internal Relations.

Hiring

Job offers are made by the Director of Internal Relations after conferring with the appropriate Vice President and President.

All applicants may be subject to employment history verification. Therefore, it is essential that applicants provide complete information regarding past employment.

New Hires must show evidence of US citizenship or legal residence in the U.S. in order to be eligible for employment. Authority for collecting this information is in Title 8, U.S. Code, Section 1324A.

Orientation

All new full-time employees are required to attend a two-day new employee orientation that is scheduled at the beginning of each new semester or as needed. Orientation for new adjunct faculty is scheduled at the beginning of each new semester.

The Human Resources Office is open Monday through Friday from 8:30 a.m. to 5:00 p.m. Summer term hours may vary

FDTC is an affirmative action, equal opportunity employer and adheres to all State and Federal Laws applicable to employment decisions.

Revised 7/04
EEO Statement: Florence-Darlington Technical College does not discriminate on the basis of race, color, religion, national or ethnic origin, creed, marital status, veteran status, disability, sex, or age.

DISCLAIMER

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE COLLEGE, THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS, THE COLLEGE RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR PART, NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

I HAVE READ AND UNDERSTAND THIS DISCLAIMER.

_________________________________
NAME

_________________________________
DATE

RETURN APPLICATION TO:
Florence-Darlington Technical College
Internal Relations Division
P. O. Box 100548
Florence, SC 29501-0548
Phone: (843) 661-8320 Fax: (843) 661-8371
www.fdtc.edu
1. APPLYING FOR:

Job Title: __________________________________________________________

2. HOW DO WE CONTACT YOU?

Social Security Number: _______ - _______ - _______ Name: __________________________________________________________

Mailing Address: ___________________________ Apt # ___________________________

City ___________________________ County ________________ State _______ Zip Code ___________________________

Home Phone ( ) ___________________________ Business Phone ( ) ___________________________ May we call you at work? ☐ Yes ☐ No

Fax Number ( ) ___________________________ E-Mail Address ___________________________

Salary which you are willing to accept: __________________ Date you could begin work? _____________________________________

Are you presently employed with the State of SC? Yes No If Yes, which agency? _______________________________________________________________________

Have you ever been employed by the State of SC? Yes No If Yes, dates: _______________________________________________________________________

Were you a member of the SC Retirement System? Yes No If Yes, contributions still on deposit?: _____________________

Are you currently a member of the SC Retirement System? Yes No ___________________________

3. TELL US ABOUT YOUR EDUCATION:

STARTING WITH HIGH SCHOOL, PROVIDE COMPLETE INFORMATION ON ALL SCHOOLS ATTENDED, INCLUDE ANY SPECIAL COURSES OR TRADE SCHOOLS.

<table>
<thead>
<tr>
<th>NAME AND LOCATION OF SCHOOL</th>
<th>DATES OF ATTENDANCE</th>
<th>GRADUATE</th>
<th>NAME OF DEGREE OR CERTIFICATE</th>
<th>MAJOR/MINOR</th>
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<tr>
<td></td>
<td>FROM</td>
<td>TO</td>
<td>YES</td>
<td>NO</td>
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Job-Related Training and Course Work

List any skills, licenses, and certificates which are related to the job you seek with which you are proficient:

Equipment you have operated: (Circle) Fax ~ Computers ~ Copier ~ Scanners ~ Calculator

Computer Skills: Hardware: ___________________________ Programming Languages: ___________________________

Software: (Circle) Microsoft Word ~ Excel ~ Access ~ PowerPoint ~ Publisher ~ Internet ~ Adobe PageMaker ~ Omni Page Pro ~ Macintosh

Profession/Craft ___________________________ License/Registration Number ___________________________

From _____ To _______ Period of Licensure
4. TELL US ABOUT YOUR WORK EXPERIENCE

Describe your complete work history 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 of 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 __________________________

   May we contact this employer? __________ Yes __________ No

   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 __________________________

   May we contact this employer? __________ Yes __________ No

   Job Duties (give details)

   _____________________________________________________________

   _____________________________________________________________

   _____________________________________________________________

   _____________________________________________________________

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   _____________________________________________________________

   _____________________________________________________________

   Reason for Leaving

   _____________________________________________________________
4. Your Next Most Recent Employer: 

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<tr>
<th>Address</th>
<th>Phone(  )</th>
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<tr>
<th>Job Title</th>
<th>Supervisor’s Name</th>
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<th>Number Supervised</th>
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<tr>
<th>From</th>
<th>To</th>
<th>Hours Per Week</th>
<th>Salary</th>
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</table>

May we contact this employer? ☐ Yes ☐ No

Job Duties (give details)

Reason for Leaving

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5. Your Next Most Recent Employer: 

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<th>Address</th>
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<th>To</th>
<th>Hours Per Week</th>
<th>Salary</th>
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</table>

May we contact this employer? ☐ Yes ☐ No

Job Duties (give details)

Reason for Leaving

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6. Your Next Most Recent Employer: 

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<th>Address</th>
<th>Phone(  )</th>
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<th>To</th>
<th>Hours Per Week</th>
<th>Salary</th>
</tr>
</thead>
</table>

May we contact this employer? ☐ Yes ☐ No

Job Duties (give details)

Reason for Leaving

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If more space is needed, attach additional sheets in the same format, including your name, Social Security number and signature.
Do you possess a valid driver's license?  Yes  No ___________________________  If yes, provide
Number_________________________  Expiration Date_________  Class: (circle one) A B C D E F M G
Would you accept a position requiring travel?  Yes  No

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)

<table>
<thead>
<tr>
<th>Where Convicted</th>
<th>Date</th>
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<tbody>
<tr>
<td>Disposition/Status</td>
<td></td>
</tr>
</tbody>
</table>

Have you ever been terminated or forced to resign from any job?  Yes  No  If yes, explain

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

Give the names of two previous supervisors or professional colleagues, not relatives, who are familiar with your work.
Name__________________________ Address_________________________________________________ Phone ____________
Name__________________________ Address_________________________________________________ Phone ____________

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

**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 State of South Carolina 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 State of South Carolina 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 ______________________________

**Employment Eligibility:** In compliance with the provisions of the Immigration Reform and Control Act of 1986, Florence-Darlington Technical College will employ only United States Citizens and aliens lawfully authorized to work in the United States. I understand, should I be offered employment by Florence-Darlington Technical College, that I must present documentation which establishes both identity and authorization for employment within three (3) days of hire. Applicants unable to provide the required documents must present a receipt for the application of the document(s) within three (3) days of hire and present the required document(s) within twenty-one (21) days of hire.

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. If employed by the State and/or Florence-Darlington Technical College, I agree to adhere to the State/Florence-Darlington Technical College’s Drug Free policy. I understand that, if hired, my employment by Florence-Darlington Technical College will be "at-will," meaning that either the college or I can terminate the employment relationship at anytime, for any reason.

Signature ___________________________________________________________________________ Date ______________________________
5. EEO DATA REPORTING FORM

FLORENCE – DARLINGTON TECHNICAL COLLEGE
VOLUNTARY APPLICANT FLOW RECORD*

*This form is voluntary and confidential and will be used for EEO/AA purposes only.

TO BE COMPLETED BY APPLICANT AND RETURNED WITH COMPLETED APPLICATION.

POSITION TITLE: __________________________________________________________

GENDER (circle one): FEMALE MALE

ETHNICITY:
Are you Hispanic or Latino? □ Yes □ No

What is your race? Regardless of your answer to the question above, please mark one or more races to indicate what you consider yourself to be:

□ White
□ Black or African American
□ Native Hawaiian or Other Pacific Islander
□ Asian
□ American Indian or Alaskan Native

DISABILITY*
□ None
□ Disabled Veteran
□ Hearing
□ Speech
□ Vision
□ Orthopedic
□ Other ____________________________________________

Please Specify

* The College provides reasonable accommodations for persons with disabilities in accordance with the American With Disabilities Act (ADA). Please contact the Human Resources Office to request or clarify accommodations.

I became aware of this position through (Please be as specific as possible)

__________________________________________________

PLEASE RETURN THIS FORM WITH COMPLETED APPLICATION.
FLORENCE-DARLINGTON TECHNICAL COLLEGE
REFERENCE CHECK FORM

Instructions: Applicant – Please sign and return these forms to the Human Resources Department with your completed application packet.

I have applied for employment with Florence-Darlington Technical College. I, ________________________, hereby authorize you to give Florence-Darlington Technical College any and all information concerning my previous employment and any pertinent information you might have. I waive the right to review the information.

Person to be contacted: ___________________________________ Phone No. ________________________

Company name and address: ________________________________________________________________

My dates employed: from ___________ to: ____________ Position: _________________________________

Applicant’s Signature ______________________________ Date: _____________ SS No. _______________

EMPLOYER REFERENCE COMMENTS

Please respond to the following questions:

A. How well does/did this applicant (circle one) Excellent Average Poor
   1. accept responsibility? 1 2 3 4 5 no opinion
   2. demonstrate initiative? 1 2 3 4 5 no opinion
   3. solve problems? 1 2 3 4 5 no opinion
   4. get along with others? 1 2 3 4 5 no opinion
   5. adapt to change? 1 2 3 4 5 no opinion
   6. work as a member of a team? 1 2 3 4 5 no opinion
   7. accept constructive criticism 1 2 3 4 5 no opinion
   8. perform the technical aspects of job? 1 2 3 4 5 no opinion
   9. attendance? 1 2 3 4 5 no opinion

B. Is/was this applicant (circle one)
   1. honest/trustworthy? Yes No no opinion
   2. punctual? Yes No no opinion
   3. dependable? Yes No no opinion
   4. eligible for rehire? Yes No no opinion

C. Applicants reason for leaving employment:___________________________________________________________
________________________________________________________________________________________________

Please provide comments relating to scores 4 or 5 in Section A and “no opinion” responses in Section B. Use reverse side of form if necessary.

Relationship to applicant: ☐ supervisor ☐ coworker ☐ other (specify) ______________________________

____________________________          ______________________________________  _____________________
Signature      Position      Date
FLORENCE-DARLINGTON TECHNICAL COLLEGE
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Company name and address: ________________________________________________________________

My dates employed: from ___________ to: ____________   Position: _________________________________

Applicant’s Signature ______________________________ Date: _____________  SS No. _______________

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Please respond to the following questions:

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3. solve problems? 1 2 3 4 5 no opinion
4. get along with others? 1 2 3 4 5 no opinion
5. adapt to change? 1 2 3 4 5 no opinion
6. work as a member of a team? 1 2 3 4 5 no opinion
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________________________________________  ____________________________
Signature  Position  Date
FLORENCE-DARLINGTON TECHNICAL COLLEGE
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Person to be contacted: _______________________________ Phone No. ______________________________

Company name and address: ______________________________________________________________

My dates employed: from ___________ to: ____________   Position: _________________________________

Applicant’s Signature ______________________________ Date: _____________  SS No. _______________

EMPLOYER REFERENCE COMMENTS

Please respond to the following questions:

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2. demonstrate initiative?  1  2  3  4  5  no opinion
3. solve problems?  1  2  3  4  5  no opinion
4. get along with others?  1  2  3  4  5  no opinion
5. adapt to change?  1  2  3  4  5  no opinion
6. work as a member of a team?  1  2  3  4  5  no opinion
7. accept constructive criticism  1  2  3  4  5  no opinion
8. perform the technical aspects of job?  1  2  3  4  5  no opinion
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____________________________          ______________________________________  _____________________
Signature      Position      Date