

# Application for Temporary Employment

## University of South Carolina

Date: \_\_\_\_\_

**Return to:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Position(s) Desired: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Source of Referral: \_\_\_\_\_  
 \_\_\_\_\_

**A RESUME OF YOUR EMPLOYMENT WILL NOT BE ACCEPTED IN LIEU OF APPLICATION.**

**Instructions: Complete items 1 through 25— incomplete applications may be rejected.**

1. Name \_\_\_\_\_  
Last (Jr.,Sr.,Etc.) First Middle Initial

2. Home Address \_\_\_\_\_  
No. and Street City County State Zip Code

3. Mailing Address \_\_\_\_\_  
 (If different from home address) No. and Street City County State Zip Code

4. Work Phone No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

7. Education: Indicate the highest number of years of secondary education and/or higher education completed:  
 Secondary: \_\_\_\_\_ College: \_\_\_\_\_

8. If applicable complete the following:

Name of School High School, Trade School, College	City	State	Graduate		Degree/Major or Diploma, GED, Certificate
			Yes	No	

Are you currently enrolled:    Yes    No    Major: \_\_\_\_\_    Other Education/Training: \_\_\_\_\_

**READ CAREFULLY BEFORE COMPLETING THE FOLLOWING**

**If offered temporary employment at the University of South Carolina, all persons, including U.S. citizens, will be required to present original documents verifying identity and employment eligibility in compliance with the Federal Immigration Reform and Control Act of 1986.**

**9. WORK EXPERIENCE:** Begin with your present or last job and describe in detail all periods of employment including self-employment. Include military service and part-time employment. (Attach DD-214 if you have military service.) Account for your time during any intervals of unemployment other than those when you were attending school.

Name of Employer: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Full-time                  Part-time  
 Specific Duties: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
 \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 May we contact this employer?    Yes: \_\_\_\_\_    No: \_\_\_\_\_                  Title: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Full-time Part-time  
Specific Duties: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Full-time Part-time  
Specific Duties: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Full-time Part-time  
Specific Duties: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Full-time Part-time  
Specific Duties: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Full-time Part-time  
Specific Duties: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Full-time Part-time  
Specific Duties: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
\_\_\_\_\_  
Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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10. Have you any objections to USC making inquiry of your present employer regarding your work habits and qualifications?  
 Yes      No
11. What type of temporary employment are you seeking?      Full Time      Part Time
12. If you are seeking part-time employment, what hours would you be available? \_\_\_\_\_
13. What date could you begin work? \_\_\_\_\_
14. Are you currently employed (or have you been employed within the last 12 months) with a department or campus within the University of South Carolina?      Yes      No      If yes, specify department or campus and how many hours per week you work in the position(s)? \_\_\_\_\_
15. Have you ever been employed by the University of South Carolina?      Yes      No  
 If yes, in what position/campus? \_\_\_\_\_ Date(s) of Employment \_\_\_\_\_
16. Are you a United States citizen?      Yes      No      If no, are you authorized to work in the United States? \_\_\_\_\_
17. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any job?      Yes      No  
 If yes, explain in detail on an attached sheet.
18. Have you ever been convicted of any offense other than a minor traffic violation? This includes felonies or misdemeanors, even if you paid a fine or received a suspended sentence. An example of a common misdemeanor is... "Worthless Check".      Yes      No  
 If yes, list every conviction since you were 18 years of age or older even if you believe you made restitution, paid a fine, etc. You must list all convictions. A 'yes' answer to this question will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying will be considered.
- | CONVICTION | WHERE CONVICTED | DATE | DISPOSITION OR CURRENT STATUS |
|------------|-----------------|------|-------------------------------|
|            |                 |      |                               |
|            |                 |      |                               |
|            |                 |      |                               |
|            |                 |      |                               |
19. Do you possess a valid S.C. driver's license?      Yes      No      Number: \_\_\_\_\_  
**If offered a position at the University of South Carolina that requires you to operate a University vehicle, you will be required to furnish a statement of your current driving record. This statement can be obtained from the state highway department that issued your driver's license. You will not be allowed to start work until receipt of a statement of a satisfactory driving record.**
20. Do you have any relatives employed with the University of South Carolina?      Yes      No      If yes, please provide the name(s), relationship, department and campus. \_\_\_\_\_
21. List any career related organizations or societies to which you belong. \_\_\_\_\_
22. List professional/technical credentials (licenses, certificates, apprenticeships, etc). \_\_\_\_\_
23. Briefly explain any significant volunteer work you have done. \_\_\_\_\_
24. What foreign languages do you speak and/or read? \_\_\_\_\_
25. List any training, licenses, special skills or qualifications, not previously listed. \_\_\_\_\_
26. Please describe your supervisory experience. \_\_\_\_\_
27. List your computer software skills or experience (Microsoft Office, Microsoft PowerPoint, etc.). \_\_\_\_\_
28. List your experience with trades related equipment. \_\_\_\_\_
29. Number of credits/years in education beyond highest degree earned (if applicable): \_\_\_\_\_

**Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act**

In accordance with the provisions of the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, the University of South Carolina has prepared its Annual Security Report. The report includes statistics for the previous three years concerning reported crimes that occurred on campus, in certain off-campus buildings or property owned or controlled by the University, and on public property within or immediately adjacent to and accessible from the campus. It also includes institutional policies concerning campus security, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. For a copy of this report, contact USC's Police Department, 1501 Senate Street, Columbia, S.C. 29208, telephone number (803) 777-4215, or go to: [hr.sc.edu/employ/cleryact.html](http://hr.sc.edu/employ/cleryact.html).

**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

**CERTIFICATE OF APPLICANT — Read Carefully Before Signing.**

1. If hired, I understand that I will be required to participate in mandatory direct deposit of my paycheck.

I certify that all statements on this form are true and accurate. Any misrepresentations or omissions of facts may result in my being disqualified for employment, or if hired, terminated from employment.

I understand that a routine inquiry or investigation may be made during initial or subsequent processing to provide information applicable to the job for which I am applying. I hereby grant the University of South Carolina permission to access those records that it deems necessary and release all parties from liability. I understand the information on this form will be treated in a manner consistent with the business needs of the University and the law.

**I further understand that the position for which I am applying is temporary and that I serve at the will of the University. I agree that, if employed, the University reserves the right to terminate my employment at any time. I fully understand and agree that if accepted as a temporary employee, I will not be entitled to annual or sick leave, paid holidays, grievance rights, or other benefits normally associated with employment in a permanent FTE position based on state guidelines. However, health insurance will be extended if I am eligible based on the Affordable Care Act (ACA) and University guidelines.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

2. South Carolina state law prohibits employment by any state agency of any person who has willfully defaulted on any of the student loans listed below. Such person may be considered for employment only after all overdue payments have been made or a voluntary agreement has been entered into with the lender after the default providing for terms of repayment of the debt.

**Please check any of the following types of loans in which you are now in default:**

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

If in default, attach a separate sheet explaining what steps you are now taking to repay the loan.

**I certify with my signature that I have indicated all student loan defaults.  
If no loan types have been checked, I certify with my signature that I am not in default on any of the types of student loans listed above.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## FOR APPLICANT COMPLETION

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**After the position has been offered and accepted, Sections A-C must be completed.**

### Post-Offer Invitation to Self-Identify

**A.** This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

**I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):**

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

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I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

The University of South Carolina is committed to equal opportunity and affirmative action in all activities of the University. The University's affirmative action program includes a commitment to increase employment opportunities for protected veterans. The University recruits, hires, trains and promotes persons in all job titles without regard to protected veteran status.

All employment decisions are based only on valid job requirements. The University undertakes appropriate outreach and positive recruitment activities to effectively recruit protected veterans.

Inquiries regarding equal opportunity and affirmative action at the University should be directed to:

The Office of Equal Opportunity Programs  
University of South Carolina

**B. Race**

Do you consider yourself to be either Hispanic, Latino or of Spanish origin? Yes No

Please select one or more of the following groups with which you identify:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

**C. Additional Information**

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_ Is spouse employed by the State of South Carolina: Yes No

Does this employee have disability: Yes No

Education Data:

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Date: (mmyy) \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Date: (mmyy) \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Date: (mmyy) \_\_\_\_\_

**FOR DIVISION OF HUMAN RESOURCES ONLY**

**1. Highest Level of Education (REQUIRED FOR ALL POSITION TYPES)**

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Education Code                      M   M   Y   Y  
Date of Highest Education

**2. Degrees (REQUIRED FOR FTE, RGP, TL, AND TFAC POSITIONS ONLY). NOT NEEDED FOR TEMPORARY POSITIONS**

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Institution                      Program                      Deg/Dip/Cert                      M   M   Y   Y

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Institution                      Program                      Deg/Dip/Cert                      M   M   Y   Y

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Institution                      Program                      Deg/Dip/Cert                      M   M   Y   Y

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Institution                      Program                      Deg/Dip/Cert                      M   M   Y   Y

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Institution                      Program                      Deg/Dip/Cert                      M   M   Y   Y

**3. Other Information (REQUIRED FOR ALL POSITION TYPES):**

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Geogr                      Visa                      Spouse Emp                      Sex/Mar                      Veteran Status                      County of Residence

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Date First Hired                      Date Last Rehire                      E-Verify Ind                      M   M   D   D   Y   Y  
Personnel I-9                      Date Signed by Dept.

USC PO Mailing Codes

Mailing Codes for Operations Use Only

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Main                      Reg                      Admin                      Acad                      Admin                      Dean                      Aff

HD/D                      HD/D                      Council                      Council