

# SOUTH CAROLINA EDUCATION LOTTERY COMMISSION

## EMPLOYMENT APPLICATION INFORMATION

### INTRODUCTION

Thank you for your interest in employment with the South Carolina Education Lottery (SCEL).

The purpose of the SCEL is to promote games that raise money for education. That, along with all of the benefits of working for the State of South Carolina, make the SCEL a great place to work.

The South Carolina Education Lottery is an equal opportunity employer, and is committed to providing equal employment opportunities to all employees and applicants for employment regardless of race, color, religion, sex, age, marital status, sexual orientation, national origin, citizenship status, disability, or veteran status. Additionally, it is the policy of the SCEL not to discriminate against persons with respect to recruitment, hiring, training, promotion, compensation, benefits, and other terms and conditions of employment.

### HOW DO I SUBMIT AN APPLICATION?

Applications may be submitted online via the South Carolina Education Lottery's careers page, or by email, fax, or US mail, using the application following this page. **Applicants must complete all relevant fields, including signatures, before submitting an application.**

### WHERE DO I SEND MY COMPLETED APPLICATION?

**Mailing Address:**

South Carolina Education Lottery  
Attention: Human Resources  
P.O. Box 11949  
Columbia, SC 29211-1949

**Fax:**

803-737-2893

**Email:**

Careers@sclot.com

# 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

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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

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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

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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

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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. \_\_\_\_\_

\_\_\_\_\_  
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