



**APPLICATION FOR EMPLOYMENT**  
**RICHLAND COUNTY RECREATION COMMISSION**

*Human Resources Department*

5819 Shakespeare Road  
Columbia, SC 29223

Ph: 803-754-7275 • Fax: 803-754-9288 • Jobline Website: [richlandcountyrecreation.com](http://richlandcountyrecreation.com)

DATE: 04/12/12

POSITION APPLIED FOR: Summer Counselor - Eastover

**INSTRUCTIONS TO APPLICANT**

Please type or print in ink all information except signature. Incomplete applications will not be accepted. Applications must have all sections completed and the form signed by the applicant. A separate application must be completed for each vacancy. A resume may be attached but must not be substituted for completing the application. All qualified applications will be referred to the department where the vacancy exists. The department head is responsible for the review and evaluation of applications and recommending the most qualified applicants to be selected for an interview. Applications will remain active until the vacancy is filled. If you wish to remain informed of positions available at the Richland County Recreation Commission, please visit our website at [www.richlandcountyrecreation.com](http://www.richlandcountyrecreation.com).

Thank you for your interest in the Richland County Recreation Commission.

**PERSONAL DATA**

NAME (Last, First, MI) <u>Duchett Todd H</u>		
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER <u>[REDACTED]</u>		
MAILING ADDRESS: <u>1514 Hickory Hill Rd</u>		
CITY: <u>Eastover</u>	STATE: <u>SC</u>	ZIP CODE: <u>29044</u> COUNTY: <u>Richland</u>
HOME PHONE #: <u>803-253-7381</u>	CELL PHONE #: <u>[REDACTED]</u>	Email: <u>[REDACTED]</u>
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
DO YOU HAVE RELATIVES EMPLOYED BY THE RICHLAND COUNTY RECREATION COMMISSION? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, NAME(S) / RELATION: <u>Charles T. Duchett</u>		
WHAT DEPARTMENT(S): <u>Maintenance</u>		
DO YOU POSSESS A VALID S.C. DRIVERS LICENSE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NUMBER: <u>[REDACTED]</u> EXP. DATE: <u>04/23/2021</u>		
HAYDE YOU BEEN CONVICTED OR PLED NO CONTEST TO A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION (E.g. Parking Ticket)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
**IF YES: CHARGES: <u>[REDACTED]</u>		
WHERE CONVICTED	DATE	DISPOSITION/STATUS

**\*\*NOTE:** Criminal Offenses include felonies, misdemeanors, and summary offenses. Examples include but are not limited to: driving under the influence of intoxicating beverages or drugs; fraudulent or bad checks, disturbing the peace; leaving the scene of an accident, robbery, etc. (omit minor vehicle violations and any offenses committed before your 17<sup>th</sup> birthday, which was ultimately adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar of employment in all cases. The nature, severity and date of the offenses in relation to the position for which you are applying are considered. Failure to accurately report offenses will be considered seriously by the Commission and grounds for disqualification from consideration and/or termination if employed.

## EDUCATION

Starting with High School, provide **COMPLETE** information on all schools attended, including special courses or schools.

	School/Institution and Location	Major/Minor Subject Areas	Graduate	Degree/Diploma
High School or Equivalent	Lower Richland Hs Nopkins, SC	General Edu	Yes___ No <input checked="" type="checkbox"/>	
College/Universtiy			Yes___ No___	
College/Universtiy			Yes___ No___	
College/Universtiy			Yes___ No___	
Technical School			Yes___ No___	

## SKILLS

DO YOU HAVE PERSONAL COMPUTER/SOFTWARE SKILLS?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
DO YOU HAVE WORD PROCESSING SKILLS? WPM: 30	<input checked="" type="radio"/> YES	<input type="radio"/> NO
DO YOU HAVE DATA ENTRY SKILLS?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
SUPERVISORY EXPERIENCE/TRAINING?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
TECHNICAL EXPERIENCE/TRAINING?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
MILITARY EXPERIENCE/TRAINING?	<input type="radio"/> YES	<input checked="" type="radio"/> NO

LIST ANY EQUIPMENT, SOFTWARE OR MACHINES, WITH WHICH YOU ARE PROFICIENT, RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:

Personal Computer

LIST ANY PROFESSIONAL LICENSES OR CERTIFICATIONS:

PROFESSION/CRAFT:	CERTIFICATION OR LICENSE NUMBER:	DATE OF CERTIFICATION:	EXPIRATION DATE:

## EMPLOYMENT DATA

TYPE OF EMPLOYMENT YOU WILL ACCEPT:		<u>FULL-TIME</u>	<u>PART-TIME</u>
WILL YOU ACCEPT A POSITION WITH VARYING SHIFTS?		<u>YES</u>	NO
		IF NO, LIST HOURS PREFERRED:	
MINIMUM SALARY YOU WILL ACCEPT: <u>8.00</u> PER HOUR		EARLIEST DATE YOU COULD BEGIN WORK: <u>05/28/12</u>	

## EMPLOYMENT RECORD

List ALL work history stating with your present or last position. List any self-employment, temporary, and military jobs. Account for ALL periods of unemployment. This section must be accurate and complete. If more space is needed, attach additional sheets in the same format, including your name and social security number on each sheet. DO NOT SUBSTITUTE A RESUME FOR AN APPLICATION.

1. Title of present or recent position Counselor From Month 06 Year 2011 To Month 08 Year 2011  
Employer Richland County Parks & Rec Phone 803-754-6720  
Address 6429 Bishop Ave Columbia, SC 29203  
Supervisor's Name Ms. Felicia Flemming Title Camp Coordinator May we contact? Yes  
Hours per week 20 Salary ( weekly, monthly, annual) \$8.00

Name on Employment Record if different from present name

Reason for Leaving SUMMER POSITION

Duties Assist children that attended the camp with various activities, assist the camp coordinator as needed with various duties  
=====

2. Title of position \_\_\_\_\_ From Month \_\_\_\_\_ Year \_\_\_\_\_ To Month \_\_\_\_\_ Year \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ May we contact? \_\_\_\_\_

Hours per week \_\_\_\_\_ Salary ( weekly, monthly, annual) \_\_\_\_\_

Name on Employment Record if different from present name

Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_  
=====

## EMPLOYMENT RECORD (continued)

3. Title of position \_\_\_\_\_ From Month \_\_\_\_\_ Year \_\_\_\_\_ To Month \_\_\_\_\_ Year \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ May we contact? \_\_\_\_\_

Hours per week \_\_\_\_\_ Salary (weekly, monthly, annual) \_\_\_\_\_

Name on Employment Record if different from present name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

=====

4. Title of position \_\_\_\_\_ From Month \_\_\_\_\_ Year \_\_\_\_\_ To Month \_\_\_\_\_ Year \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ May we contact? \_\_\_\_\_

Hours per week \_\_\_\_\_ Salary (weekly, monthly, annual) \_\_\_\_\_

Name on Employment Record if different from present name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Duties \_\_\_\_\_

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## PERSONAL REFERENCES

Give name, address and phone number of three personal references.

Name	Address	Phone Number
Paul Brawley SR	217 Sagemont Dr. Hopkins, SC 29061	803-776-9286
Kiziah Goodwin	1528 Hickory Hill Rd Eastover, SC 29044	803-353-2300
Marie Gibson	167 Nathan Ridgely Gadsden, SC 29052	803-353-0988

Have you ever been asked or forced to resign from any job? Yes \_\_\_\_\_ No ☒   
 If yes, what position and reason, please explain: \_\_\_\_\_



## APPLICANT CERTIFICATION

1. I affirm and/or understand all statements on this form are true and accurate; and any misrepresentation or omission of facts may result in exclusion from further consideration and/or, if hired, termination or employment. If I have requested that my present employer not be contacted, I understand an offer of employment may be contingent upon information and verification of other former employers, prior to beginning work.
2. I agree to conform to the rules and regulations of the Richland County Recreation Commission. According to the State of South Carolina Law, I understand my employment with the Richland County Recreation Commission will be at-will.
3. I hereby consent to authorized representatives of the Richland County Recreation Commission contacting any of my former employers or education institutions that I have attended and any other person or organization they determine may have information concerning my past and present work. I understand this would include my official personnel files, attendance records, background information, evaluations, educational records, military service, law enforcement records and/or any personnel records deemed necessary. I also understand Richland County Recreation Commission may make inquiries of third parties such as credit bureaus. I further release organizations, educational entities, present and former employers, law enforcement organizations and all third parties from any and all claims, of whatever nature, that I may have, as a result of any inquiry or response to such inquiries, made in connection with my application for employment. I understand that any information obtained by Richland County Recreation Commission in the course of those contacts will be treated with strictest of confidence. However, I understand it is not possible to guarantee total confidentiality.
4. I understand and acknowledge that Richland County Recreation Commission requires all applicants who are tentatively selected for employment to submit to and pass a drug test, failure to take the test, failure to cooperate in taking the test, failure to follow test procedures, or testing positive for the use of illegal drugs or substances will result in disqualification from employment.

The drug test will be urinalysis and if the collector of the test sample believes that there is a reasonable possibility that I have or will tamper with or substitute the urine sample, the sample or an additional sample may be collected under conditions in which a person of the same gender of the applicant may witness the collection.

Signature: Isid H. Duckett Date 04/12/12

The Richland County Recreation Commission is sensitive to the needs of qualified applicants and employees with disabilities. The Richland County Recreation Commission is also willing to make reasonable accommodations to assist such applicant and employee.

## EEO STATEMENT

The Richland County Recreation Commission is an equal opportunity employer, and government policy requires that consideration be given to all applicants without regard to race, color, military status, religion, sex, national origin, age, a legally defined disability to a qualified



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***Human Resources Department***

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**Applications are accepted and applicants are considered for employment without regard to race, color, military status, religion, sex, national origin, age, a legally defined disability to a qualified applicant or other status as protected by law.**



&lt; CLOSE

HOME RESOURCE

Employer

TD

Ducket

SCD - Sumr  
Home Dept

Show Changes for:

all

Show as of 10/

Position

Summer Camp  
DirectorPosition Start Date:  
7/3/2016

Job Function:

Job Change Reason:  
DBLOAD

Job Class:

FLSA:

NAICS Workers' Comp  
Recreation Centers / C

EEOC Job Classification:

Officer/Owner:

Corporate

Business Unit:

Benefits Eligibility Class:

Home Department:  
PT Self Sust. AS Camp

Home Cost Number:

Change Reason:  
DBLOAD

4

Privacy

Legal

EFFECTIVE DATE	COMPENSATION...	RATE TYPE	AMOUNT	RATE 2	PAY FREQ...	STAN...	PERCENT CHA...	AMOUNT CHA...	ANNUAL AM
(Current)									
07/03/2016	PROMO - Promo.	Hourly	11.5000	8.0000	Biweekly		210526	4,160.00	23,920.00
(History)									
05/24/2015	PAY IN - Pay Incr.	Hourly	9.5000	8.0000	Biweekly	80.00	117647	2,080.00	19,760.00
05/17/2012	NH	Hourly	8.5000	8.0000	Biweekly	80.00		17,680.00	17,680.00



## TERMS OF EMPLOYMENT

Name Todd Duckett SSN \_\_\_\_\_

Date of Employment or Change in Terms: May 17, 2012 Department Code \_\_\_\_\_

Position: Counselor Full-Time ☐ Part-Time ☒

In compliance with Section 41-10-30 of the South Carolina Code of Law, 1976, as amended, you are hereby notified of the terms of your employment:

### 1. Method of Payment:

☒ Wages \$8.50 per hour

☐ Salary \$ \_\_\_\_\_ per year

### 2. Payday is bi-weekly. Day of payment is FRIDAY. (Place of payment is facility where employed)

Time of payment is: ☐ 3:00 p.m. (Parks Division)

☒ 5:00 p.m. (All others)

### 3. Vacation: Full-time employees receive Annual Leave at a rate of 1 ¼ days per month to be used as vacation or personal time off. Part-time employees receive no annual leave.

### 4. Sick Leave Policy: Full-time employees receive 120 hours of sick leave during the calendar year (January 1 to December 31). Sick leave may be taken for personal illness or illness/death in the immediate family. Part-time and temporary employees receive no sick leave.

**Verification:** The use of sick leave shall be subject to verification. When there is reason to believe that sick leave is being abused, the supervisor may, before approving the use of sick leave require the certification of a physician or other acceptable documentation describing the disability and giving the inclusive dates.

Any employee taking (3) or more consecutive days of sick leave may be required to provide a written doctor's statement. If a written doctor's statement is required, failure to do so upon request may result in termination. Sick leave may not be used for vacation and there is no sick leave severance pay.

### 5. Paid Holidays: Paid holidays for full-time employees are the same as provided by South Carolina Law for State employees. Part-time employees receive no paid holidays.

### 6. Severance Pay Policy: Full-time employees will receive any **unused** annual leave pay at the time of termination. Part-time employees receive no severance pay.

Any changes in these terms shall be made in writing and at least seven (7) days before they become effective.

Todd Duckett  
Employee's Signature

5-17-12  
Date

[Signature]  
Employer's Signature





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## Richland County Recreation Commission

Indicate what change is occurring (choose all that apply):

<input type="checkbox"/> Termination (Involuntary)	<input checked="" type="checkbox"/> Salary Change	<input type="checkbox"/> Leave of Absence
<input type="checkbox"/> Resignation (Voluntary)	<input type="checkbox"/> Job Title Change	<input type="checkbox"/> Scheduled Hours Change
<input type="checkbox"/> Retirement	<input type="checkbox"/> Job Reassignment	<input type="checkbox"/> Other
<input type="checkbox"/> Seasonal Employee Returning	<input type="checkbox"/> Seasonal Employee Ending	<input type="checkbox"/> Seasonal Job Transfer

### I. Current Information: This section must be completed

1. Employee Name: <b>Todd Duckett</b>		2. Job Title: <b>Counselor</b>	
3. Department Name: <b>Programming</b>	4. Job Code: <b>554</b>	5. Job Grade: <b>N/A</b>	

### II. Changes in Salary, Job Title, Grade, Department, or Scheduled Hours

6. Salary Change:	From: <b>\$8.50</b>	To: <b>\$9.50</b>	Percentage Increase:
7. Class Code Change:	New Class Code: <b>Click Here</b>		
8. Job Code / Title Changes:	New Job Code:	Salary Class: <b>Non-Exempt</b>	
New Job Title:		New Job Grade: <b>N/A</b>	
9. Department Change:	Old Dept. Name:	New Department Name:	
10. Reason for change(s) noted above: <b>Increase for Experience</b>			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: <b>05/24/2015</b> The effective date should coincide with the start date of a payroll period.			

### III. Resignations (Voluntary Discharge) and Terminations (Involuntary Discharge)- Choose only one, not both

12. Voluntary or Involuntary? <b>Click Here</b>	13. Effective Date:	14. Proper Notice Given? <b>Click Here</b>
		15. Would you re-employ? <b>Click Here</b>
For any termination: You must attach or forward a disciplinary action form or detailed memo with Executive Director signature/approval describing the incident which resulted in the termination.		
16. If voluntary resignation, why? If no rehire recommendation, why?		

### IV. Leave of Absence

17. Leave type: <b>Click Here</b>	18. Normal work schedule: (example: "Tue, Thur, Sat 9a-5p")	
19. Anticipated date leave begins:	20. Last scheduled work day:	21. Planned return date:

### V. Signatures & Date

Department Director	<i>Christina A. Good</i> 6/2/15
Department Head	<i>Lauren Leun</i> 6/2/15
Assistant Executive Director	<i>Kenneth V. Bryant</i> 6/2/15
Executive Director	<i>James Beaman</i> 6/2/15
Human Resources Representative	<i>David Styer</i> 6/3/15

When approval is e-mailed: By typing my name in the appropriate area above, I certify this to be my electronic signature.





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Connecting Communities

## Richland County Recreation Commission

Indicate what change is occurring (choose all that apply):

<input type="checkbox"/> Termination (Involuntary)	<input checked="" type="checkbox"/> Salary Change	<input type="checkbox"/> Leave of Absence
<input type="checkbox"/> Resignation (Voluntary)	<input checked="" type="checkbox"/> Job Title Change	<input type="checkbox"/> Scheduled Hours Change
<input type="checkbox"/> Retirement	<input type="checkbox"/> Job Reassignment	<input type="checkbox"/> Other
<input type="checkbox"/> Seasonal Employee Returning	<input type="checkbox"/> Seasonal Employee Ending	<input type="checkbox"/> Seasonal Job Transfer

### I. Current Information: This section must be completed

1. Employee Name: <b>Todd Dukett</b>		2. Job Title: <b>Counselor</b>	
3. Department Name: <b>Programming</b>	4. Job Code: <b>100014</b>	5. Job Grade:	

### II. Changes in Salary, Job Title, Grade, Department, or Scheduled Hours

6. Salary Change:	From: <b>\$9.50</b>	To: <b>\$11.50</b>	Percentage Increase:
7. Class Code Change:	New Class Code: <b>Click Here</b>		
8. Job Code / Title Changes:	New Job Code:	Salary Class: <b>Click Here</b>	
New Job Title: <b>Director Cross Roads Community Center</b>		New Job Grade:	
9. Department Change:	Old Dept. Name:	New Department Name:	
10. Reason for change(s) noted above:			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: <b>Click Here</b> <b>07-03-2016</b>			
The effective date should coincide with the start date of a payroll period.			

### III. Resignations (Voluntary Discharge) and Terminations (Involuntary Discharge)- Choose only one, not both

12. Voluntary or Involuntary? <b>Click Here</b>	13. Effective Date:	14. Proper Notice Given? <b>Click Here</b>
		15. Would you re-employ? <b>Click Here</b>
For any termination: You must attach or forward a disciplinary action form or detailed memo with Executive Director signature/approval describing the incident which resulted in the termination.		
16. If voluntary resignation, why? If no rehire recommendation, why?		

### IV. Leave of Absence

17. Leave type: <b>Click Here</b>	18. Normal work schedule: (example: "Tue, Thur, Sat 9a-5p")	
19. Anticipated date leave begins:	20. Last scheduled work day:	21. Planned return date:

### V. Signatures & Date

Department Director	<b>Kim Stoll 7/11/2016</b>
Department Head	
Chief of Staff	<b>Lane M. Dickerson 7/12/16</b>
Executive Director	
Required for pay changes exceeding normal guidelines and terminations)	
Human Resources Representative	<b>Kevaly Semra 07-12-16</b>

When approval is e-mailed: By typing my name in the appropriate area above, I certify this to be my electronic signature.