

STATE OF SOUTH CAROLINA

OFFICE OF THE GOVERNOR

PERSONAL DATA

<u>RACE</u> W White B Black H Hispanic A Native American O Asian & Pacific Islander	<u>EDUCATION</u> 12 High School Graduate/GED 13 Completed one year of college 14 Completed two years of college 15 Completed three years of college 16 Associate's degree, Bus or Tech 17 Bachelor's degree 18 Master's degree 19 Doctorate 20 Jurisdoctorate 21 Medical Doctorate	<u>ACCESSION SOURCE</u> 01 College Recruitment 02 State Employment 03 Employment Agency 04 Recommended by Employee 05 Referred by State Personnel 06 Unsolicited Application 07 Returned from Leave of Absence 08 Returned from Military Leave 09 Rehired, not from Leave of Absence 10 Newspaper Advertisement 11 Advertisement 12 Television Advertisement 13 Trade Journal Advertisement 14 Field Recruiting 15 Unknown 16 Referred from Vocational Rehab. 17 Transferred from another State Agency 18 Elected or appointed Official 19 Reduction in force - Rehire 20 Voluntary transfer 21 Involuntary transfer	<u>COUNTY CODES</u> 01 Abbeville 24 Greenwood 02 Aiken 25 Hampton 03 Allendale 26 Horry 04 Anderson 27 Jasper 05 Bamberg 28 Kershaw 06 Barnwell 29 Lancaster 07 Beaufort 30 Laurens 08 Berkeley 31 Lee 09 Calhoun 32 Lexington 10 Charleston 33 McCormick 11 Cherokee 34 Marion 12 Chester 35 Marlboro 13 Chesterfield 36 Newberry 14 Clarendon 37 Oconee 15 Colleton 38 Orangeburg 16 Darlington 39 Pickens 17 Dillon 40 Richland 18 Dorchester 41 Saluda 19 Edgefield 42 Spartanburg 20 Fairfield 43 Sumter 21 Florence 44 Union 22 Georgetown 45 Williamsburg 23 Greenville 46 York
<u>MARITAL STATUS</u> M Married S Single D Divorced W Widow or Widower A Separated			
<u>RETIREMENT SYSTEM CODE</u> 15 Police Officer's Retirement System 11 State Retirement System 10 Not Applicable			

PLEASE PRINT CLEARLY

*USE CORRESPONDING CODES LISTED ABOVE

EMPLOYEE INFORMATION

Social Security No.	First Name	Middle Initial	Last Name
---------------------	------------	----------------	-----------

Home Address (Street, City, State, Zip)

*Race	Sex	*Marital Status	*Education	Date of Birth	*Acceesion Source	*Home County Code
-------	-----	-----------------	------------	---------------	-------------------	-------------------

Home Phone Number ()	Listed Yes <input type="checkbox"/> No <input type="checkbox"/>	Drivers License Number	State	Class	Expiration Date
-----------------------------	---	------------------------	-------	-------	-----------------

Number of Withholding Exemptions Federal _____ State _____	Marital Status for Withholding Single _____ Married _____	*Retirement System Code
---	--	-------------------------

Prior State Service Yes No

(Agency & Dates: From/To)

EMERGENCY INFORMATION (employee is responsible for updating this information as changes occur)

Emergency Contact Person(s)

Last	First	Relationship	Phone: Home _____ Work _____
Address		Street	City State Zip