

# STATE OF SOUTH CAROLINA

## OFFICE OF THE GOVERNOR

### PERSONAL DATA

#### RACE

W White  
B Black  
H Hispanic  
A Native American  
O Asian & Pacific  
Islander

#### MARITAL STATUS

M Married  
S Single  
D Divorced  
W Widow or Widower  
A Separated

#### RETIREMENT SYSTEM CODE

15 Police Officer's Retirement  
System  
11 State Retirement System  
10 Not Applicable

#### EDUCATION

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

#### ACCESSION SOURCE

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 - Rehired  
20 Voluntary transfer  
21 Involuntary transfer

#### COUNTY CODES

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

PLEASE PRINT CLEARLY

\*USE CORRESPONDING CODES LISTED ABOVE

### EMPLOYEE INFORMATION

Social Security No.	First Name	Middle Initial	Last Name
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Home Address (Street, City, State, Zip)

*Race	Sex	*Marital Status	*Education	Date of Birth	*Accession Source	*Home County Code
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Home Phone Number (      )	Listed Yes <input type="checkbox"/> No <input type="checkbox"/>	Drivers License Number	State	Class	Expiration Date
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Number of Withholding Exemptions Federal _____ State _____	Marital Status for Withholding Single _____ Married _____	*Retirement System Code
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Prior State Service	Yes <input type="checkbox"/> No <input type="checkbox"/>
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(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