



## TERMS OF EMPLOYMENT

Name Jasmine Duckett SSN [REDACTED]

Date of Employment or Change in Terms 5/16/13 Department Code 100014

Position Summer Camp Counselor Full-Time ☐ Part-Time x ☐

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:** X 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)

x 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.

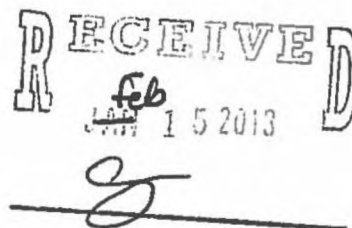
5. **Paid Holidays:** Paid holidays for full-time employees are the same as provided by South Carolina Law for State employees. Part-time employees receive no paid holidays.

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.

Jasmine Duckett 5/3/13  
Employee's Signature Date

[Signature]  
Employer's Signature



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

*Human Resources Department*

5819 Shakespeare Road

Columbia, SC 29223

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

DATE: 2/6/13

POSITION APPLIED FOR: Jasmine C. Duckett

**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>Duckett Jasmine C.</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>S.C.</u>	ZIP CODE: <u>29044</u> COUNTY: <u>Richland</u>
HOME PHONE #: <u>803-353-2381</u> CELL PHONE #: <u>803-381-5567</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 checked="" type="checkbox"/> NO <input type="checkbox"/>		
IF YES, NAME(S) / RELATION: <u>Charles Duckett Jr. (Brother) Marie Green (Aunt)</u>		
WHAT DEPARTMENT(S): _____		
DO YOU POSSESS A VALID S.C. DRIVERS LICENSE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NUMBER: _____ EXP. DATE: _____		
HAVE 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: _____		
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.

## EMPLOYMENT DATA

TYPE OF EMPLOYMENT YOU WILL ACCEPT:	FULL-TIME	PART-TIME
WILL YOU ACCEPT A POSITION WITH VARYING SHIFTS?	YES <input type="radio"/> NO <input checked="" type="radio"/>	IF NO, LIST HOURS PREFERRED:
MINIMUM SALARY YOU WILL ACCEPT:	PER	EARLIEST DATE YOU COULD BEGIN WORK:

## 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 Junior Volunteer From Month June Year 2009 To Month Jul Year 2009

Employer Bob Hickman Phone \_\_\_\_\_

Address 5819 Shakespeare Road Columbia, SC 29223

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ May we contact? No

Hours per week 25 Salary (weekly, monthly, annual) Weekly

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

Reason for Leaving Summer Job

Duties Signing In, clean up, monitoring

2. Title of position Urban League From Month Jun Year 2010 To Month Jul Year 2010

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

Address \_\_\_\_\_

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

Hours per week 30 Salary (weekly, monthly, annual) monthly

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

Reason for Leaving Summer Job

Duties Typing, Organizing, Monitoring Children

### EMPLOYMENT RECORD (continued)

3. Title of position Youth Leadership Institute From Month June Year 2012 To Month Jul Year 2012  
 Employer Tondaleya Jackson Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name [Signature] Title \_\_\_\_\_ May we contact? No  
 Hours per week 35 Salary (weekly, monthly, annual) monthly  
 Name on Employment Record if different from present name \_\_\_\_\_  
 Reason for Leaving Summer Job  
 Duties Participation, volunteering

=====

4. Title of position Eastover Summer Camp From Month June Year 2011 To Month July Year 2011  
 Employer Cynthia Tyler Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_ May we contact? No  
 Hours per week 25 Salary (weekly, monthly, annual) Weekly  
 Name on Employment Record if different from present name \_\_\_\_\_  
 Reason for Leaving Summer Job only  
 Duties work with children, Play games and help with other dut.

### PERSONAL REFERENCES

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

Name	Address	Phone Number
Wendy Brawley	Sagemont Dr.	
Kiziah Goodwin	Hickoryhill Rd	803-353-2300
Paul Brawley		

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

## EEO Data Reporting Form

Note: The information requested in this section is not used to evaluate your application. This information is needed to satisfy federal government equal opportunity reporting and personnel research requirements. The form will be removed by Human Resources prior to the application being forwarded to the respective department for consideration.

Today's Date: 2/6/13

- A. Last Four Digits of Social Security No.: [REDACTED]
- B. Last Name: Duckett First Name: Jasmine
- C. Position for which you are applying  
Title: \_\_\_\_\_ Department: \_\_\_\_\_
- D. Sex (Check appropriate box) Male ☐ Female ☒
- E. Race (Check appropriate box)
- |                                |                                     |
|--------------------------------|-------------------------------------|
| White/Non Hispanic             | <input type="checkbox"/>            |
| American Indian/Alaskan Native | <input type="checkbox"/>            |
| Black/Non Hispanic             | <input checked="" type="checkbox"/> |
| Asian/Pacific Islander         | <input type="checkbox"/>            |
| Hispanic                       | <input type="checkbox"/>            |
- F. Date of Birth: 12/21/94
- G. Do you have any disabling conditions for which you desire reasonable accommodation? Yes ☐ No ☒
- H. Veteran: Vietnam Era Veteran Yes ☐ No ☒ Date of last separation: \_\_\_\_\_
- Disabled Veteran (Disability of 30 per centum or more administered by the VA; or discharged or release for disability) Yes ☐ No
- I. How did you become aware of this position vacancy?: Family Ads

Tear Here



## 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	<i>Lower Richland High</i>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
College/Universtiy			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/Universtiy			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/Universtiy			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical School			Yes <input type="checkbox"/> No <input type="checkbox"/>	

## SKILLS

DO YOU HAVE PERSONAL COMPUTER/SOFTWARE SKILLS?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
DO YOU HAVE WORD PROCESSING SKILLS? WPM:	<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 checked="" type="radio"/> YES	<input 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:

*Computer*

LIST ANY PROFESSIONAL LICENSES OR CERTIFICATIONS:

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

## 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 of 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: Jasmine C. Duckitt

Date 2/6/13

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 applicant or other status as protected by law.