

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
APPLICANT REFERRAL SYSTEM CHANGE**

DATE: **Social Security No.**

NAME: **Last** **First** **MI**

1. UPDATE ADDRESS/TELEPHONE INFORMATION FOR A NON-SCDC EMPLOYEE

SCDC employees must submit SCDC form 16-23 to the Human Resource office to update address and contact telephone number.

Street/Route/Apt # City State ZIP County

Contact #

Work #

REQUESTING NEW PIN: YES ()
A new PIN will only be generated once per year.

2. APPLYING FOR A VACANT POSITION

Enter the SCDC position number for each position that you wish to apply for.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. EDUCATION: A copy of the Degree/Certificate must be submitted along with this form.

Name of College/University: _____ Type of Institution: _____

Major: _____ Graduate Yes () No ()

Month/Year Degree Obtained _____/_____/_____ Type of Degree Obtained: _____

4. EMPLOYMENT HISTORY UPDATE:

Employer Name _____

Job Title _____ Hours per Week _____ #Supervised _____

From _____/_____/_____ To _____/_____/_____ Term Reason Code:

Job Duties

Employer Name _____

Job Title _____ Hours per Week _____ #Supervised _____

From _____/_____/_____ To _____/_____/_____ Term Reason Code:

Job Duties

APPLICANT SIGNATURE _____ DATE _____

KEYED BY _____ DATE _____