

**Williamsburg County Government
Worker's Compensation
Return to Work Form**

Employee name

Diagnosis (detail injury or condition treated)

Prognosis (estimate future care-recovery time)

- Employee may return to work full duty (no restrictions)
- Employee may return to work in transitional duty

_____ (state restrictions)

(Special care instructions)

- Return for follow up visit on _____
 - Refer to specialist
 - Orthopedic, Physical Therapy, Other (please circle one)
-

Please describe

Treating Physician

Date

Please give to employee to return to their department head or fax to Eleanor E. Pressley at 843 355 2257.

If you have questions, please call Eleanor at 843 355 9321 ext. 178.

Thank you,

WORKERS' COMPENSATION
PRESCRIPTION PAYMENT AUTHORIZATION FORM

Pharmacist:

This is a worker comp Rx payment authorization form. Please submit the prescription using the processing information listed below. Please contact Corporate Pharmacy at 1-866-429-1116 if you have any questions.

To transmit a prescription claim, please use the following information:

Processing information

Processor: EHO (Employer Health Options)

Bin #'s: NDC = 004527 OR 004880

Envoy/WebMD = 003241

Wal-Mart

Walgreen's Bin # 004880

Version 5.1

Patient Information:

Last Name: _____

First Name: _____

Group #: 59100 Sex: Male Female

ID#/SS#: _____

D.O.B.: _____

Prior Authorization #: _____

Date Sent: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize Williamsburg County, hereinafter called COMPANY to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking Savings account (check one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Checking:

Bank Name _____ Bank Name _____

Routing# _____ Acct# _____

Routing# _____ Acct# _____

Savings:

Bank Name _____ Bank Name _____

Routing# _____ Acct# _____

Routing# _____ Acct# _____

Amount to be deposit acct#1 _____ acct#2 _____

This authority is to remain in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. **IF ALL WILLIAMSBURG COUNTY PROPERTY IS RETURNED IN ADVANCE UPON TERMINATION OR RESIGNATION YOU MAY REMAIN ON DIRECT DEPOSIT. IF ALL PROPERTIES HAVE NOT BEEN RECEIVED YOU WILL BE TAKEN OFF OF DIRECT DEPOSIT AND WILL NEED TO PICK UP YOUR FINAL CHECK FROM THE PERSONNEL OFFICE. CHECKS MAY BE DELAYED UNTIL PROPERTY IS RETURNED.**

Print employee name _____ Employee Number _____

Signed _____ Date _____

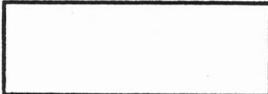
Please return signed copy in a sealed envelope to the payroll office, along with a voided check. If you have a saving account with no checks, you may call your bank to find out the appropriate routing number to use for incoming ACH credit transactions.

Thank you,



COUNTY OF WILLIAMSBURG
COUNTY SUPERVISOR: HONORABLE STANLEY S. PASLEY
 147 W. MAIN STREET, KINGSTREE, SC 29556
 (843) 355-9321

**PLEASE PRINT ALL
 INFORMATION REQUESTED
 EXCEPT SIGNATURE**



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing Yes No _____ WPM 10-key Yes No Word Processing Yes No _____ WPM
Personal Yes PC Other _____
Computer No Mac Skills _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Large empty rectangular box for providing additional information.

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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APPLICATION FOR EMPLOYMENT

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Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____



**WILLIAMSBURG COUNTY GOVERNMENT
EMPLOYMENT REFERENCE FORM**

TO: _____

I, _____, authorize the release of all information as requested by Williamsburg County Government in consideration of my application for employment.

Signature: _____

Date: _____ Social Security Number _____

Please Print Name (first/last): _____

Name at time of employment: _____

_____ is currently being considered for a position with Williamsburg County Government. His/her records indicate that he/she was formerly employed by you. We would appreciate your verification of the stated facts and your frank comments on other points.

_____, Personnel/Benefits Coordinator

Employed with you from _____ to _____

Position _____

Salary _____

Reason for leaving _____

Eligible for rehire (If no, please explain) Yes No

Attendance: Excellent Good Fair Poor (If poor, please explain)

Punctuality: Excellent Good Fair Poor (If poor, please explain)

Signature: _____

Title: _____

Date: _____

Application for Posted Position

Complete Section I and II and forward to the Personnel Director.

1. Position identification:

Bulletin Number _____ Posted vacancy No. _____ Posting for Position Title _____

Class _____ Requesting Department _____

2. Applicant Information:

Name _____ Current Position Title _____

Current Class _____ Date/Length in Current Position _____ SSN _____

Immediate Supervisor Name _____ Supervisor Phone No. _____

Name of Current Office _____ Name of Current Dept/Section _____

Do You Have Any Relatives Working in Department requesting Applications? _____ Yes _____ No

If Yes, Relationship _____ Location _____

Do You Have Another Job Bid Outstanding? _____ Yes _____ No

Are You Currently On Probation? _____ Yes _____ No

Applicant Qualification: Explain Why You Are Interested In This Position: List The Skills And Experiences Which You Feel Qualify You For This Position. (Attach Additional Pages, If Necessary.)

Work experience: List most recent Williamsburg County Employment: (Attach Pages, if necessary.)

From	To	Position Title	Name of Office, Department, Section
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant: _____ Phone No. _____

Date: _____

Do Not Write Below – For Personnel/Department Head Only

Action Taken _____ Effective Date _____

Title Phone Date Signature of Dept/Head

Copy:
Employee:
Personnel Director: