

**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.

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**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 \_\_\_\_\_