

POWDERSVILLE WATER DISTRICT

1719 Circle Road
Powdersville, South Carolina 29642
(864) 269-5440
Facsimile (864) 295-1496
www.powdersvillewaterdistrict.com

HR Use Only
Received:

Please use black ink.
Please do not submit original documents.

APPLICATION FOR EMPLOYMENT

(Please Print)

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS. THIS IS NOT A CONTRACT OF EMPLOYMENT. EMPLOYMENT REMAINS AT-WILL AND MAY BE TERMINATED BY EITHER PARTY AT ANY TIME, WITH OR WITHOUT NOTICE OR REASON.

POSITION APPLIED FOR _____

NOTE: ALL INFORMATION REQUESTED ON THE APPLICATION MUST BE COMPLETE. References to other documents such as resumes will not be accepted in place of completing any portion of this application. This application will remain active for a period of six (6) months from the date received.

_____/_____/_____
DATE OF APPLICATION

_____/_____/_____
DATE AVAILABLE

NAME _____
Last First Middle Other

PRESENT ADDRESS _____ **HOME PHONE** (____) _____
Street

City State Zip **BUS. PHONE** (____) _____

PERMANENT ADDRESS _____ **FAX PHONE** (____) _____
Street

City State Zip

EDUCATION

High School and Location	Date of Attendance		Last Grade Completed		Graduation Date	
Technical/College/University and Location	Dates Attended		Major	Minor	Degree	Date
	From	To				

An Equal Opportunity Employer

PERSONAL DATA

Best time to contact you at home is:.....:_____ a.m./p.m.

Have you ever been employed or filed an application with Powdersville Water District before?
 Yes No

If Yes, when did you apply or what were your employment dates?_____

Do any of your relatives work here?..... Yes No

If Yes, what are their names?_____

Are you currently employed?..... Yes No

May we contact your present or former employer?..... Yes No

Have you ever been convicted of a felony?..... Yes No

If Yes, please list the charge, where convicted, date, and disposition _____
 (Conviction of an offense is not an automatic bar to employment. The District will consider the nature, date, and relationship between the offense and the position for which you are applying).

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?..... Yes No

Proof of citizenship or immigration status will be required upon employment.

Are you available to work: Full-Time
 Part-Time
 Temporary (Please indicate dates available ___/___/___ - ___/___/___)

What is your desired salary range? _____

REFERENCES

Complete the information requested below. You should include individuals familiar with your work who are not relatives or former employers. If selected for employment, these individuals may be contacted as well as former employers.

Name of Reference	Position/Relationship	Mailing Address	Phone Number
1.			
2.			
3.			

EMPLOYMENT EXPERIENCE:

List all employment in chronological order, with present employment first. Any voids in the chronological order must be explained on a separate attachment. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. **NOTE: Submission of a resume is not sufficient. All applicants must complete this section.**

Employer – Current or Most Recent		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Specialized Skills

(Check Skills/Equipment Operated)

___ Typewriter

___ Spreadsheet (Excel, Lotus, etc)

___ Commercial D.L.

Equipment (list)

___ PC/MAC

___ Wordprocessing (Word, etc)

___ Other License

___ Drivers License

___ Data Mgt (Access, etc)

___ Specialized Tools

Other Qualifications

Summarize special job-related skills, professional licenses, certifications and qualifications acquired from employment or other experiences.

Memberships

List any professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

I understand that if I am tentatively selected for employment with Powdersville Water District I will be required to submit to various background checks including, but not limited to, reference screening, criminal records checks, driving record checks, a post-offer medical examination and post-offer drug screening.

This application for employment shall be considered active for a period of time not to exceed six (6) months or until a hiring decision is made if applying for a specific, vacant position.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Powdersville Water District is of an "at will" nature, which means that the Employee may resign at any time and Powdersville Water District may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized Executive or Executive Body of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date