

EMPLOYMENT



APPLICATION

ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED. PRINT ALL INFORMATION. APPLICATION WILL RECEIVE ACTIVE CONSIDERATION FOR SIX MONTHS.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

DATE _____
LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NUMBER (_____) _____ ARE YOU 18 YEARS OF AGE OR OVER? ____ YES ____ NO
POSITION APPLIED FOR _____
DATE AVAILABLE FOR WORK _____
AVAILABLE TO WORK _____ FULL TIME _____ PART TIME _____ TEMPORARY _____ SHIFTS
HAVE YOU PREVIOUSLY BEEN EMPLOYED HERE? _____ YES _____ NO
IF YES, WHEN? _____ SUPERVISOR _____
HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO (A conviction will not necessarily disqualify an applicant).
IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER WORKED UNDER A DIFFERENT NAME? _____ YES _____ NO
IF YES, PLEASE IDENTIFY EMPLOYER AND GIVE THE NAME _____

REFERENCES

LIST TWO REFERENCES, WHO ARE NOT RELATIVES AND ARE NOT PREVIOUS EMPLOYERS.		
NAME	ADDRESS	TELEPHONE
1. _____	_____	_____
2. _____	_____	_____
LIST ALL FRIENDS OR RELATIVES EMPLOYED BY SPARTANBURG WATER.		
1. NAME _____	RELATIONSHIP _____	
2. NAME _____	RELATIONSHIP _____	
3. NAME _____	RELATIONSHIP _____	
4. NAME _____	RELATIONSHIP _____	

EDUCATION AND TRAINING

	NAME AND LOCATION	# YEARS COMPLETED	MAJOR	DEGREE OBTAINED
HIGH SCHOOL			 	
COLLEGE OR UNIVERSITY				
TRADE/BUSINESS SCHOOL				

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC MEMBERSHIPS AND ACTIVITIES. (YOU MAY EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, HANDICAP, VETERAN, OR OTHER PROTECTED STATUS).

WHAT MACHINES CAN YOU OPERATE? _____

DESCRIBE ANY SKILLS, EXPERIENCES, OR ABILITIES YOU MAY HAVE WHICH YOU BELIEVE QUALIFY YOU FOR THE POSITION APPLIED FOR.

COMPLETE ONLY IF APPLYING FOR POSITION THAT REQUIRES DRIVING A COMPANY VEHICLE.

WHAT VEHICLES CAN YOU OPERATE? _____ CAR _____ TRUCK _____ OTHER _____

DRIVER'S LICENSE NUMBER _____ CLASS _____ STATE _____

DURING THE PAST 10 YEARS, HAVE YOU BEEN DENIED A DRIVER'S LICENSE, OR BEEN CONVICTED OF A MOVING TRAFFIC OFFENSE, INCLUDING, BUT NOT LIMITED TO, DRIVING UNDER THE INFLUENCE OR RECKLESS DRIVING?

_____ YES _____ NO IF YES, PLEASE EXPLAIN AND GIVE DATES _____

EMPLOYMENT EXPERIENCE

**List ALL previous jobs. Attach another sheet if additional space needed.
Explain any gaps in employment on the back of this application.**

(LIST MOST RECENT JOB FIRST)

FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____ JOB TITLE: _____ SUPERVISOR: _____ DESCRIBE YOUR PRIMARY DUTIES AND RESPONSIBILITIES _____ _____ _____ REASON FOR LEAVING _____	NAME OF EMPLOYER _____ ADDRESS OF EMPLOYER _____ SALARY _____
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(CONTINUED NEXT PAGE)

FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____	NAME OF EMPLOYER _____
JOB TITLE: _____	ADDRESS OF EMPLOYER _____
SUPERVISOR: _____	SALARY _____
DESCRIBE YOUR PRIMARY DUTIES AND RESPONSIBILITIES _____	

REASON FOR LEAVING _____	

FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____	NAME OF EMPLOYER _____
JOB TITLE: _____	ADDRESS OF EMPLOYER _____
SUPERVISOR: _____	SALARY _____
DESCRIBE YOUR PRIMARY DUTIES AND RESPONSIBILITIES _____	

REASON FOR LEAVING _____	

FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____	NAME OF EMPLOYER _____
JOB TITLE: _____	ADDRESS OF EMPLOYER _____
SUPERVISOR: _____	SALARY _____
DESCRIBE YOUR PRIMARY DUTIES AND RESPONSIBILITIES _____	

REASON FOR LEAVING _____	

FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____	NAME OF EMPLOYER _____
JOB TITLE: _____	ADDRESS OF EMPLOYER _____
SUPERVISOR: _____	SALARY _____
DESCRIBE YOUR PRIMARY DUTIES AND RESPONSIBILITIES _____	

REASON FOR LEAVING _____	

FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____	NAME OF EMPLOYER _____
JOB TITLE: _____	ADDRESS OF EMPLOYER _____
SUPERVISOR: _____	SALARY _____
DESCRIBE YOUR PRIMARY DUTIES AND RESPONSIBILITIES _____	

REASON FOR LEAVING _____	

(EMPLOYMENT EXPERIENCE CONTINUED)

FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____	NAME OF EMPLOYER _____
JOB TITLE: _____	ADDRESS OF EMPLOYER _____
SUPERVISOR: _____	SALARY _____
DESCRIBE YOUR PRIMARY DUTIES AND RESPONSIBILITIES _____ _____ _____	
REASON FOR LEAVING _____	

FROM: Mo. _____ Yr. _____ TO: Mo. _____ Yr. _____	NAME OF EMPLOYER _____
JOB TITLE: _____	ADDRESS OF EMPLOYER _____
SUPERVISOR: _____	SALARY _____
DESCRIBE YOUR PRIMARY DUTIES AND RESPONSIBILITIES _____ _____ _____	
REASON FOR LEAVING _____	

ADDITIONAL INFORMATION

HOW DID YOU LEARN OF THIS VACANCY? _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ YES _____ NO

MAY WE CONTACT YOUR PREVIOUS EMPLOYER? _____ YES _____ NO

YES, EXCEPT: _____

REASON: _____

EXPLAIN ANY GAPS IN EMPLOYMENT: _____

OPTIONAL INFORMATION

DID YOU EVER SERVE IN THE U.S. ARMED FORCES? _____ YES _____ NO

WHAT BRANCH? _____ DATES OF SERVICE _____

IF YOU ACQUIRED SKILLS OR EXPERIENCE WHICH WOULD HELP YOU IN THE POSITION FOR WHICH YOU ARE APPLYING, PLEASE DESCRIBE: _____

READ CAREFULLY BEFORE SIGNING

I certify that, to the best of my knowledge, all answers given on this application are true and correct. **I understand that any false or misleading information given by me on this application will be sufficient cause for rejection of my application, and discharge if the company has employed me.**

I give Spartanburg Water authorization to investigate all statements in this application and to secure any necessary information from my employment references, academic institutions, credit and/or finance offices/bureau. I hereby release from liability Spartanburg Water and its representatives for seeking such information, and all persons, companies or organizations for furnishing such information.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT WILL BE CONTINGENT UPON SATISFACTORY RESULTS OF A COMPLETE MEDICAL EXAMINATION, WHICH INCLUDES DRUG AND/OR ALCOHOL SCREENING.

Signature

Date

I ALSO UNDERSTAND THAT NOTHING HEREIN SHALL BE DEEMED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND SPARTANBURG WATER. IF EMPLOYED, I MAY TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON. I ALSO UNDERSTAND THAT THIS COMPANY MAY TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON.

Signature

Date

VOLUNTARY INFORMATION

The following information is requested for use when compiling data for our Affirmative Action Plan. Your cooperation is strictly voluntary. This information will be removed from your application and maintained separately. It will be used for the sole purpose of our Affirmative Action Plan.

Name: _____ Position applied for: _____

Sex: _____ Race: _____