

PERSONAL DATA



Have you ever been employed or filed an application with Beaufort-Jasper Water & Sewer Authority 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? _____

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, & disposition _____

(Conviction of an offense is not an automatic bar to employment. The Authority will consider the nature, date, and relationship between the offense and the position for which you are applying.)

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide documentation establishing your identity and eligibility to be legally employed in the U.S.? Yes No

Are you available to work:

- Full-Time (Please indicate 1 2 3 shift)
- Part-Time (Please indicate Mornings Afternoon Evenings)
- Temporary (Please indicate dates available ___/___/___ - ___/___/___)

What is your desired salary range? _____

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				

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



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.			

ADDITIONAL INFORMATION

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> Typing	<input type="checkbox"/> Spreadsheet (Excel, etc)	<input type="checkbox"/> Commercial D.L.	Equipment (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Wordprocessing (Word, etc)	<input type="checkbox"/> Other License	_____
<input type="checkbox"/> Data Mgt (Access, etc)	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Specialized Tools	_____

Other Qualifications & Memberships

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

How did you hear of this job opening? BJWSA Employee Other _____

Website (specify) _____ Newspaper (specify) _____

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 Beaufort-Jasper Water & Sewer Authority 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 Beaufort-Jasper Water & Sewer Authority is of an "at will" nature, which means that the Employee may resign at any time and Beaufort-Jasper Water & Sewer Authority 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



INVITATION TO VOLUNTARILY SELF-IDENTIFY

Armed Forces Service Medal, Recently Separated Veterans, Other Protected Veterans, Disabled Veterans, and Other Individuals with Disabilities
(41 C.F.R. §60-300.42 and 41 C.F.R. 60 Part 41)

The Beaufort-Jasper Water & Sewer Authority (BJWSA) is subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974 and the Rehabilitation Act of 1973, as amended, which require affirmative action to employ and advance in employment qualified individuals with disabilities, Armed Forces Service Medal veterans, disabled veterans, recently separated veterans, and other protected veterans. If you are in one of these categories, you may inform us of your desire to benefit under our Affirmative Action Program at this time and/or at any time in the future. Submission of self-identifying information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities and disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs (OFCCP) or the American with Disabilities Act of 1974, as amended.

Please review the definitions and check any of the following categories that apply to you:

- Individual with a Disability: Any person who (1) has a physical or mental impairment which substantially limits one or more of such person’s major life activities; (2) who has a record of such impairment; (3) is regarded as having such an impairment.
- Disabled Veteran: (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran: Any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.
- Armed Forces Service Medal Veteran: Any veteran who, while service on active duty in the U.S. military, ground, naval or air service, participated in the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).
- Other Protected Veteran: Any veteran who served on active duty in the U.S. military ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of the Defense.
- None of the above apply.
- I understand that this invitation is voluntary in nature and that I elect not to Self-Identify.

Signature

Date