



MONCK'S CORNER WATER WORKS

PUBLIC WORKS COMMISSION

R.W. Wall
Administrator

Commissioners:

Charles A. Staley, Jr., Chairman
J. Wayne Varner Christopher M. Harrison

K.T. Fann
Superintendent

PERSONAL DATA

Date: _____ Position Applying For : _____

Name: _____
Last First MI

Address: _____
Street City State Zip Code

Telephone: _____ Email Address: _____

Have you ever been employed or filed an application with us before? Yes _____ No _____

If yes, give dates: _____

Do you have relatives or friends that work at Moncks Corner Water Works? Yes _____ No _____

If yes, please list name/relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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

If yes, please list dates/nature of offense: _____

Have you ever been denied a driver's license or convicted of a violation other than minor traffic, including but not limited to reckless driving or DUI during the past seven years? Yes _____ No _____

If Yes, please list dates/nature of offense: _____

(A Yes answer to any of the above questions does not automatically disqualify you from employment since the nature of the offense, date and type of job you are applying for will be considered.)

EDUCATION

	Name and Location of School	Graduate or GED	Degree/Major
High School	_____		_____
	_____		_____
College	_____		_____
	_____		_____
Other	_____		_____
	_____		_____

EMPLOYMENT RECORD

Salary Expected : \$ _____ Are you available to work full-time ? Yes _____ No _____

List any special training or noteworthy achievements.

List any professional licenses you hold:

Type: _____ License No: _____ Exp Date: _____
Type: _____ License No: _____ Exp Date: _____
Type: _____ License No: _____ Exp Date: _____

Current or Most Recent Position

Employer: _____ Phone: _____
Address: _____ Position/Title: _____
City, State: _____ Description of Duties: _____
May we Contact this employer : Yes _____ No _____
Supervisor's Name: _____
Dates Employed: _____ To: _____ Reason for Leaving: _____
Salary: _____

Employer: _____ Phone: _____
Address: _____ Position/Title: _____
City, State: _____ Description of Duties: _____
May we Contact this employer : Yes _____ No _____
Supervisor's Name: _____
Dates Employed: _____ To: _____ Reason for Leaving: _____
Salary: _____

Employer: _____ Phone: _____
Address: _____ Position/Title: _____
City, State: _____ Description of Duties: _____
May we Contact this employer : Yes _____ No _____
Supervisor's Name: _____
Dates Employed: _____ To: _____ Reason for Leaving: _____
Salary: _____

Employer: _____ Phone: _____
Address: _____ Position/Title: _____
City, State: _____ Description of Duties: _____
May we Contact this employer : Yes _____ No _____
Supervisor's Name: _____
Dates Employed: _____ To: _____ Reason for Leaving: _____
Salary: _____

MILITARY SERVICE RECORD

Have you ever served as a member of the armed forces ?

Yes _____

No _____

PERSONAL REFERENCES

(NOT FORMER EMPLOYERS OR RELATIVES)

Please list three (3) references, provide full name and addresses and phone numbers.

Name

Address

Phone Number

Do you have the legal right to work in the United States ?

Yes _____

No _____

SIGNATURE / CERTIFICATION

I certify that the information contained in this application is correct to the best of my knowledge. And also understand that all employees of the Moncks Corner Public Works Commission (MCPWC) are employed at-will and may quit or be terminated at any time and for any or no reason, if I am hired. Nothing in any of the MCPWC documents relating to employment creates any express or implied contract of employment.

Signature of Applicant

Date

Moncks Corner Water Works provides equal employment opportunities to all employees, and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origins or any other characteristic protected by the federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, promotion, compensation and training.

Authorization For Release of Information

To:

Any Academic Dean, Registrar, Principal, Guidance Counselor other authorized person at a School (college, business, trade or high school), or

Any past or present Employer,

I, _____, am aware that my entire background is to be investigated and hereby authorize and request the release of any and all information you have concerning me, excluding health care information, to the Human Resource Office for the Moncks Corner Water Works as my authorized representative for the purpose of obtaining this information.

I, hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any liability for damages of whatever kind to me, my family, heirs or associates as a result of giving such information, except that I do not release anyone who gives information that he or she knows is false, deliberately intending to harm me.

Print Name: _____ SSN: _____

Date of Birth: _____ Drivers Lic No./State: _____

Street Address: _____ City: _____

State of: _____ County of: _____

Signature: _____ Date: _____

Notary Signature

Sworn and Subscribed before me on this day _____ of _____ 20____

Notary for the State of South Carolina, County of Berkeley:

_____ My Commission Exp: _____ 20____

Notary Signature