



APPLICATION FOR EMPLOYMENT

This application form is intended for use in evaluating your qualifications for employment. All qualified applicants will receive consideration without regard to sex, race, color, age, creed, national origin, religion, disability, veteran status, uniformed servicemember, genetic information, or any other category protected by applicable federal, state, or local laws, regulations or ordinances. No question on this application is intended to secure information to be used for such discrimination. Testing of job-related skills may be required prior to employment. LCWSC is an EOE.

LAURENS COUNTY WATER AND SEWER COMMISSION (LCWSC) IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. EMPLOYMENT AT-WILL MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name _____ Position Applied For _____
Last First Middle Initial

Telephone Number (____) _____ Alternate/Cellular Telephone Number (____) _____

Email Address _____ Emergency Contact Name and Number _____

Current Address _____
Street, Apartment, or Unit Number

_____ How long have you lived there ____/____
City State Zip Years Months

Previous Address _____
Street, Apartment, or Unit Number

_____ How long have you lived there ____/____
City State Zip Years Months

Desired Salary/Hourly Rate _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time (Specify Hours) _____

Are you willing to work overtime? Yes No Date on which you can start work if hired _____

Do you currently have a valid Drivers License? Yes No

If Yes, please check your license class and enter the licensing agency. A B C D E Other _____

Licensing Agency: _____

Have you previously applied for employment with LCWSC? Yes No

If Yes, when and where did you apply? _____

Have you ever been employed by LCWSC? Yes No If Yes, provide dates of employment, location, and reason for separation from employment.



Please provide names and relationship of any relatives currently employed at LCWSC.

Are you able to perform the physical requirements of this job with or without a reasonable accommodation? Please reference the job description for specific details. Yes No

Please tell us how you heard about the open position at LCWSC. _____

INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS

Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.

Within the past 7 years, have you plead guilty or no contest to, or been convicted of any criminal offense related to the position of which you are applying, other than the applicable exceptions listed above? Yes No

Have you ever been arrested for any matters related to the position of which you are applying, for which you currently are out on bail or on your own recognizance pending trial? Yes No

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. LCWSC will consider the nature of the crime, its seriousness, the substantial relation to the position’s functions and qualifications, the number of occurrences, the applicant’s age at the time of the crime, the time elapsed since the crime, the applicant’s entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

List all certifications or special technical skills that you feel qualify you for the job for which you are applying (For example, computer programming/language, software, equipment operation, special tools or machines, etc.)

Education	School Name and Location (Address, City, and State)	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Business/Technical/ Trade or Post College					



Honors Received _____

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with most current or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply operating name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer:

Name Address Type of Business
Telephone (_____) _____ Dates Employed From _____ To _____
Job Title _____ Duties _____
Supervisor's Name _____ May we contact? Yes No If No, why not? _____
Wages: Start _____ Final _____ Reason for Leaving _____
What will this employer say was the reason your employment was terminated? _____
How much notice did you give when resigning? If no notice provided, explain. _____

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Please explain fully all gaps in your employment history in excess of one (1) month.

Have you ever been terminated or asked to resign from any job? Yes No

Has your employment ever been terminated by mutual agreement? Yes No

Have you ever been given the choice to resign rather than be terminated? Yes No

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional **work-related references** we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (Supervisor, Co-Worker)	TELEPHONE/EMAIL



APPLICANT CERTIFICATION

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate termination.

LAURENS COUNTY WATER AND SEWER COMMISSION IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE POLICIES, RULES, AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH POLICIES, RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize LCWSC or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the required employment screening process.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to LCWSC or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability LCWSC and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by LCWSC, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand LCWSC employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature _____ Date _____

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF 90 DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.