



# MONCKS CORNER WATER WORKS

## PUBLIC WORKS COMMISSION

S.E. Hormell  
Administrator

### Commissioners:

Michael E. Harrelson, Chairman  
Christopher M. Harrison      Christopher P. Griffin

## 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	Gradute 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.

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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:

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My Commission Exp: 20

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**Notary Signature**