



**REFERENCE AND EMPLOYMENT EXPERIENCE**

List ALL jobs starting with your present or most recent job. Include any military experience. Account for ALL employment/educational activity and periods of unemployment. Exclude information which may indicate your race, religion, gender, age or other protected class status. A resume may be attached; however, you must still FULLY complete this application form. If you need more space, please attach a separate sheet or request an Additional Employment Experience form. **PLEASE COMPLETE ALL FIELDS OF INFORMATION.**

Company Name	Telephone	Dates Employed: From: ___/___ To: ___/___ Fulltime or Part-Time? Hrs. Worked /Wk: _____
Address		Beginning Salary _____ Ending Salary _____
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for Leaving
		Supervisor-# of direct reports ___ <input type="checkbox"/> CDL
List tools, equipment and computer software utilized in this position		
Company Name	Telephone	Dates Employed: From: ___/___ To: ___/___ Fulltime or Part-Time? Hrs. Worked /Wk: _____
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List tools, equipment and computer software utilized in this position		

Have you attached additional sheets to this application?  Yes  No

**SKILLS**

Typing/Word Processing	Indicate the number of words per minute you can type without error _____
Computer Software	Indicate the types of software you are skilled in using <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Outlook <input type="checkbox"/> Other _____
Driver's License	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid Commercial Driver's License (CDL)? <input type="checkbox"/> No <input type="checkbox"/> Permit <input type="checkbox"/> Class A <input type="checkbox"/> Class B

**YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.**

I certify that all answers given herein are true and complete to the best of my knowledge. I certify that I am able to perform the essential functions for the position I am applying to fill. I understand that if I am interested in another position or the same District position posted at a later date, I must complete a new application in order to be considered. I authorize any reference checks, as well as the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If selected for employment, I further understand that my employment is contingent upon passing a pre-employment physical, background investigation and/or a drug test. I also understand that, if hired, I will be required to abide by all rules and regulations of the James Island Public Service District. I understand that if employed, I will receive an Employee Handbook and that said Employee Handbook is not a contract of employment. I understand that I will not have an employment contract and I understand that I am considered an "at-will" employee.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



**JAMES ISLAND PUBLIC SERVICE DISTRICT**  
An Equal Opportunity Employer

**Additional Employment Experience**

**To be used as a continuation of the Application for Employment. REQ # of Job Applied For: \_\_\_\_\_ - \_\_\_\_\_**

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Address		Beginning Salary _____ Ending Salary _____
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for Leaving
		Supervisor-# of direct reports ____ <input type="checkbox"/> CDL
List tools, equipment and computer software utilized in this position		
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Address		Beginning Salary _____ Ending Salary _____
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for Leaving
		Supervisor-# of direct reports ____ <input type="checkbox"/> CDL
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Address		Beginning Salary _____ Ending Salary _____
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for Leaving
		Supervisor-# of direct reports ____ <input type="checkbox"/> CDL
List tools, equipment and computer software utilized in this position		
Company Name	Telephone	Dates Employed: From: ___/___/___ To: ___/___/___ Fulltime or Part-Time? Hrs. Worked /Wk: _____
Address		Beginning Salary _____ Ending Salary _____
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for Leaving
		Supervisor-# of direct reports ____ <input type="checkbox"/> CDL
List tools, equipment and computer software utilized in this position		

**YOU MUST SIGN THIS FORM.**

**I certify that all answers given herein are true and complete to the best of my knowledge.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_



**JAMES ISLAND PUBLIC SERVICE DISTRICT  
EMPLOYMENT INQUIRY RELEASE**

In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, immigration status, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that JIPSD and/or Premier InfoSource and/or Lowcountry Drug Screening may make inquiries, including but not limited to my consumer credit history, education, professional licensing, criminal history and driving history. Furthermore, I understand and authorize that JIPSD and/or Premier InfoSource and/or Lowcountry Drug Screening, may request information from various federal, state, and other agencies that maintain records concerning my past driving history, credit history, criminal history, public record information and comments from previous employers for its use related to employment purposes. Under Federal law, driver personal information may be obtained to carry out a governmental function.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by JIPSD and/or Lowcountry Drug Screening and/or Premier InfoSource to furnish any or all of the above mentioned information. In addition, I hereby release LowCountry Drug Screening, Premier InfoSource and JIPSD from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to JIPSD and/or Premier InfoSource and/or Lowcountry Drug Screening, the above mentioned information as requested, in order to successfully complete a background investigation for my application employment. I will allow a photocopy of this authorization to be as valid as the original for purposes as determined necessary by JIPSD and/or Premier InfoSource and/or Lowcountry Drug Screening.

**REQUISITION # OF JOB APPLIED FOR:** \_\_\_\_\_ - \_\_\_\_\_

**TITLE OF JOB APPLIED FOR:** \_\_\_\_\_

**PRINT FULL NAME** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DRIVER'S LICENSE NO.** \_\_\_\_\_ **STATE** \_\_\_\_\_ **\*SEX** \_\_\_\_ **RACE** \_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

\* DATE OF BIRTH, SEX AND RACE ARE BEING REQUESTED ONLY FOR THE PURPOSE OF IDENTIFICATION IN OBTAINING ACCURATE RETRIEVAL OF RECORDS, AND WILL NOT BE USED FOR DISCRIMINATORY PURPOSES.



**JAMES ISLAND PUBLIC SERVICE DISTRICT**  
**An Equal Opportunity Employer**

**EEO Information**

● *Not for interviewing or Screening Purposes* ●

In accordance with Equal Employment laws, we are required to maintain statistical data on all applicants. We ask for your cooperation in completing and returning the following information. This form will be separated from your application and not used in the screening or interviewing processes.

Name		Date of Birth
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Check one, if applicable: <input type="checkbox"/> Disabled Individual <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Disabled Veteran	Please identify your race/ethnic category: <input type="checkbox"/> American Indian or Alaskan Native (original peoples of N. America who maintain cultural identification through tribal affiliation or community recognition)  <input type="checkbox"/> Asian or Pacific Islander (original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands)
<b>Requisition # &amp; Title of Job Applied For:</b>	<b>Req #:</b> _____ - _____ <b>Title:</b> _____	
Where did you learn about this job opening? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Job Service <input type="checkbox"/> Internet <input type="checkbox"/> Walk-in <input type="checkbox"/> JIPSD Employee Referral (employee name) _____ <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Hispanic (all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race) <input type="checkbox"/> Black (not of Hispanic origin) (all persons having origins in any of the Black racial groups of Africa) <input type="checkbox"/> White (not of Hispanic origin) (all persons having origins in any of the original peoples of Europe, North Africa or the Middle East) <input type="checkbox"/> Other (specify) _____

**NOTICE TO INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS AND VIETNAM ERA VETERANS**  
 Federal government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era; and section 503 of the Rehabilitation Act of 1973, as amended, which requires the same of qualified disabled individuals.

If you are a disabled veteran or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will not adversely affect any consideration you may receive for employment.

If you wish to be identified, sign here: \_\_\_\_\_