



Department of Human Resources

Mail Applications To: PO Box 12140 Charleston, SC 29422
 Bring Applications To: 1739 Signal Point Rd Charleston, SC 29412
 Fax: (843)-762-5241 / E-Mail: hr@jipsd.org

APPLICATION FOR EMPLOYMENT

JIPSD Is an Equal Opportunity Employer & Provider, an At-Will Employer, & a Drug-Free Workplace. We Participate in E-Verify.

www.jipsd.org

An application must be completed and signed to be considered for a posted vacancy. A separate application must be submitted for each posted vacancy for which the job seeker wishes to express interest. No application will be considered for any position other than the one specified on the application form. A resume may be attached, but will NOT substitute for the fully completed application. Completing this application guarantees neither an interview nor a job. If you are selected for an interview, you will be contacted by the hiring department. **CERTAIN INFORMATION CONTAINED IN THIS COMPLETED APPLICATION MAY BE SUBJECT TO THE FREEDOM OF INFORMATION ACT.**

IMPORTANT: PLEASE BE SURE YOUR APPLICATION IS FULLY COMPLETED, LEGIBLE, AND SIGNED.

POSITION APPLIED FOR: JOB TITLE: _____ **REQUISITION # :** _____ - _____
 (ONLY ONE EMPLOYMENT OPPORTUNITY MAY BE APPLIED FOR PER APPLICATION):

A. PERSONAL INFORMATION

PLEASE LIST NAME EXACTLY AS SHOWN ON SOCIAL SECURITY CARD (OR OTHER OFFICIAL RIGHT-TO-WORK DOCUMENTATION)

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS			CITY	STATE	ZIP CODE
E-MAIL ADDRESS (WHERE WE MAY SEND PRE-EMPLOYMENT INFORMATION IF YOU ARE SELECTED – Indicate "N/A" if you do not have a working e-mail address for this purpose.)					
BEST PHONE NUMBER TO REACH YOU DURING BUSINESS HOURS: () - _____ - _____ EXT: _____			ALTERNATE PHONE NUMBER TO REACH YOU DURING BUSINESS HOURS: () - _____ - _____ EXT: _____		

HOW DID YOU LEARN ABOUT THIS EMPLOYMENT OPPORTUNITY? JIPSD Employee – Give Name: _____
 Walk-In JIPSD Website Chas Post & Courier Monster.com The Chronicle Job Service Other-Specify: _____

PLEASE CHECK ALL CIRCUMSTANCES UNDER WHICH YOU ARE WILLING TO WORK (Benefits Offered For All Jobs >= 70% Time):
 Full-Time Part-Time Temporary Rotating Shifts Weekends Holidays Outdoors Extreme Weather

IF SELECTED TO FILL THIS POSITION, WHEN WOULD YOU BE AVAILABLE TO BEGIN WORK?
 Immediately 1 Week Notice 2 Weeks' Notice 30 Days' Notice Other (please specify): _____

ARE YOU CURRENTLY EMPLOYED AT JIPSD? Yes No

HAVE YOU BEEN PREVIOUSLY EMPLOYED AT JIPSD (Receiving a Paycheck)? Yes No (IF PREVIOUSLY HERE AS A VOLUNTEER, YOU MUST CHECK "NO")
 If "Yes," Provide Dates of Previous Employment: ____/____/____ to ____/____/____ Name, (if different than above): _____

DO YOU HAVE ANY RELATIVE(S) CURRENTLY EMPLOYED AT JIPSD? Yes No
 If "Yes," Provide Employed Relative's Name: _____ Relationship: _____ Dept: _____

ARE YOU ABLE TO PROVIDE PROOF THAT YOU ARE LEGALLY AUTHORIZED TO WORK IN THE U.S.? Yes No

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NOLO CONTENDERE TO A CRIMINAL OFFENSE IN ADULT COURT (OTHER THAN A TRAFFIC VIOLATION)? Yes No ANSWERING "YES" IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. GIVING FALSE OR MISLEADING INFORMATION OR OMISSIONS MAY BE GROUNDS FOR WITHDRAWAL OF JOB OFFER OR TERMINATION OF EMPLOYMENT. IF "YES," PLEASE EXPLAIN, LISTING ALL OFFENSES WITH CONVICTIONS, GIVING NATURE OF OFFENSE, DATE, PENALTY, NAME AND LOCATION OF COURT, AND FINAL DISPOSITION OF CASE – ATTACH ADDITIONAL DOCUMENTATION IF NECESSARY. Section 10-80-20 of SC Code of Laws provides (in part) that after June 30, 2001, a person may not perform firefighting duties in SC if the person has been convicted of, or pled guilty or pled nolo contendere to: (a) a felony; (b) arson or another offense provided in Article 3, Chapter 11 of Title 16; or (c) an offense involving a controlled substance as provided for in Chapter 53 of Title 44. This prohibition applies for a period of 10 years after the conviction or plea of guilty or nolo contendere. After 10 years, the employer may determine whether to allow a person with a criminal record to perform firefighting duties; however, no person may be employed as a firefighter or perform firefighting duties if he has been convicted of, pled guilty to or pled nolo contendere to arson.

(CRIMINAL OFFENSES INCLUDE ALL FELONIES, MISDEMEANORS, AND SUMMARY JUDGMENTS (I.E., DUI, DUS, BAD CHECKS, DISTURBING THE PEACE, ETC.))

B. DRIVER'S LICENSE

PLEASE PRINT YOUR NAME: _____

<p>DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>*If Yes, Issuing State : _____</p> <p>*License Expiration Date: ____/____/____ <small>MONTH DAY YEAR</small></p>	<p>CHECK BELOW IF YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE (CDL) OR CLASS E (FIRE) DRIVER'S LICENSE:</p> <p><input type="checkbox"/> CDL- Class A* <input type="checkbox"/> CDL- Class B* <input type="checkbox"/> CDL- Class C* <input type="checkbox"/> Class E (Fire)</p> <p>*Do You Have a Valid CDL Medical Examiner's Certificate? <input type="checkbox"/> Yes** <input type="checkbox"/> No</p> <p>** If Yes, Medical Examiner's Certificate Expiration Date: ____/____/____ <small>MONTH DAY YEAR</small></p> <p>*Do You Have a Valid Tanker Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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C. EDUCATION

LIST SCHOOL NAME/ CITY, AND STATE	DID YOU GRADUATE?	HIGHEST GRADE/ # YRS OR # CREDIT HRS COMPLETED	DIPLOMA, DEGREE, OR CERTIFICATE YOU RECEIVED	LIST COURSE OF STUDY, DEGREE MAJOR, OR DIPLOMA/CERTIF. NAME
High School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 # Credit Hours: _____	<input type="checkbox"/> None <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED	
Undergraduate School (College):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 # Credit Hours: _____	<input type="checkbox"/> None <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors	
Graduate/Post-Graduate School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 # Credit Hours: _____	<input type="checkbox"/> None <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	
Trade/Technical School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 # Credit Hours: _____	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Other: _____	

D. PROFESSIONAL / TRADE CERTIFICATIONS/LICENSES YOU MAY ATTACH COPIES OR ADDITIONAL SHEET(S) AS NEEDED

CERTIFICATION / LICENSE NAME	CERTIFICATION / LICENSE #	ISSUING AUTHORITY	ISSUE DATE	EXPIRATION DATE

E. OTHER RELEVANT TRAINING YOU MAY ATTACH COPIES OR ADDITIONAL SHEET(S) AS NEEDED

NAME OF TRAINING COURSE	PRESENTED BY	DATE(S) OF TRAINING FROM: TO:	DID YOU SUCCESSFULLY COMPLETE THE TRAINING?
		-	<input type="checkbox"/> Yes <input type="checkbox"/> No
		-	<input type="checkbox"/> Yes <input type="checkbox"/> No
		-	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. OTHER SKILLS

COMPUTER SOFTWARE:	Indicate the software in which you are skilled: <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Outlook <input type="checkbox"/> Other(s): _____
KEYBOARDING/ WORD PROCESSING:	How many <u>corrected</u> words per minute can you key? _____ Corrected Words Per Minute
PLEASE LIST ANY OTHER JOB-RELATED SKILLS YOU MAY HAVE:	_____ _____ _____

G. WORK EXPERIENCE

PLEASE PRINT YOUR NAME: _____

List all jobs you have held, beginning with your present or most recent job. Include all Military and pertinent service/experience. Account for all periods of employment and any gaps. **A resume may be attached, but will NOT be permitted as a substitute for a fully-completed application form.** If you need more space, please use "Additional Work Experience" form(s), as needed.



PLEASE COMPLETE ALL FIELDS FOR EACH JOB HELD.

Start with your present or most recent job:

EMPLOYER'S NAME & ADDRESS:

EMPLOYER'S NAME & ADDRESS:		YOUR JOB TITLE	EMPLOYMENT START DATE ____ / ____ (Mo /Yr)		# HOURS NORMALLY WORKED PER WEEK _____ HRS / WEEK
		REASON FOR LEAVING THIS JOB:	EMPLOYMENT END DATE ____ / ____ (Mo /Yr)		
SUPERVISOR'S NAME & PHONE NUMBER () - -		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	STARTING SALARY \$	ENDING SALARY \$	SALARY IS PER <input type="checkbox"/> Yr <input type="checkbox"/> Hr <input type="checkbox"/> Wk
JOB DUTIES (Please be specific)					
LIST TOOLS, EQUIPMENT AND COMPUTER SOFTWARE USED IN THIS JOB:					

EMPLOYER'S NAME & ADDRESS:

EMPLOYER'S NAME & ADDRESS:		YOUR JOB TITLE	EMPLOYMENT START DATE ____ / ____ (Mo /Yr)		# HOURS NORMALLY WORKED PER WEEK _____ HRS / WEEK
		REASON FOR LEAVING THIS JOB:	EMPLOYMENT END DATE ____ / ____ (Mo /Yr)		
SUPERVISOR'S NAME & PHONE NUMBER () - -		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	STARTING SALARY \$	ENDING SALARY \$	SALARY IS PER <input type="checkbox"/> Yr <input type="checkbox"/> Hr <input type="checkbox"/> Wk
JOB DUTIES (Please be specific)					
LIST TOOLS, EQUIPMENT AND COMPUTER SOFTWARE USED IN THIS JOB:					

EMPLOYER'S NAME & ADDRESS:

EMPLOYER'S NAME & ADDRESS:		YOUR JOB TITLE	EMPLOYMENT START DATE ____ / ____ (Mo /Yr)		# HOURS NORMALLY WORKED PER WEEK _____ HRS / WEEK
		REASON FOR LEAVING THIS JOB:	EMPLOYMENT END DATE ____ / ____ (Mo /Yr)		
SUPERVISOR'S NAME & PHONE NUMBER () - -		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	STARTING SALARY \$	ENDING SALARY \$	SALARY IS PER <input type="checkbox"/> Yr <input type="checkbox"/> Hr <input type="checkbox"/> Wk
JOB DUTIES (Please be specific)					
LIST TOOLS, EQUIPMENT AND COMPUTER SOFTWARE USED IN THIS JOB:					



November 2, 2015

H. CODE OF CONDUCT AND STANDARDS OF BEHAVIOR

JIPSD CODE OF CONDUCT

This Code of Conduct sets forth guidelines for professional conduct by all individuals representing and/or acting on behalf of the James Island Public Service District (JIPSD), including Management, Supervision, Staff, and any others employed by or working at JIPSD, including temporary agency workers, volunteers, and all other representatives of JIPSD.

This Code of Conduct does not attempt to define specifically what individuals should or should not do, but instead communicates JIPSD's expectations of proper conduct and what professional conduct JIPSD values.

All individuals representing and/or acting on behalf of JIPSD have a general duty to conduct themselves at all times in a manner that will maintain and strengthen the public's trust and confidence in the integrity of JIPSD, and to take no actions incompatible with their obligations to JIPSD. Regarding professional conduct, all individuals representing and/or acting on behalf of JIPSD are expected to consistently demonstrate and practice:

- | | |
|-------------------------|---|
| INTEGRITY, | by exhibiting a commitment to behaving honestly and ethically; |
| TRUSTWORTHINESS, | by acting in a responsible, reliable, and forthright manner; |
| RESPECTFULNESS, | by constantly and consistently treating everyone with dignity, civility, decency, and respect; |
| FAIRNESS, | by treating others fairly, equitably, and with impartiality; |
| STEWARDSHIP, | by taking responsibility for the care and preservation of JIPSD financial and material assets and resources; |
| COMPETENCE, | by maintaining, and consistently demonstrating the knowledge, skills, and abilities necessary to properly and successfully perform the individual's job and/or role at JIPSD; |
| COMPLIANCE, | by following and operating within Federal and State laws and regulations, and JIPSD policies, guidelines and procedures, as related to their duties and responsibilities; |
| CONFIDENTIALITY, | by protecting the integrity and security of JIPSD information such as employee records, files, and information, and contract negotiation information/documents; |
| ACCOUNTABILITY, | by accepting responsibility for my actions, behaviors and decisions in the course of performing my job/role with JIPSD. |

JIPSD STANDARDS OF BEHAVIOR

JIPSD Service Excellence begins with a commitment to the highest standards of behavior. Each member of the JIPSD Team is responsible for the organization's success and ongoing Service Excellence.

This commitment to Service Excellence encompasses a spirit of service, respect, positive attitude, professional appearance, accountability, appropriate sharing of information, and teamwork.

Employees and Applicants must pledge to practice the following standards of behavior at all times while performing work, acting on behalf of and/or representing the James Island Public Service District.

I commit to the James Island Public Service District's Standards of Behavior, and will uphold the following core principles:

- **Supporting the mission, vision, and values of JIPSD through adherence to its policies, procedures, guidelines, and Code of Conduct, as well as through contribution toward achievement of goals and objectives;**
- **Maintaining consistently respectful and dignified interactions while remaining fair, equitable and impartial;**
- **Maintaining safe work environments through the adherence of safety and security protocols;**
- **Being accountable for the appropriate use of time and resources;**
- **Displaying a positive attitude and demeanor, being receptive to change, being fully accountable for my professional behavior and interactions with the public, customers, employees, subordinates, superiors, and JIPSD leadership; and maintaining an appropriate/professional appearance;**
- **Delivering excellent service to all customers, both internal and external;**
- **Appropriately communicating and sharing information with others - without violating confidentiality;**
- **Promoting and exhibiting teamwork and cooperation amongst all areas of JIPSD.**

JAMES ISLAND PUBLIC SERVICE DISTRICT
Department of Human Resources

**THIS PAGE CONTAINS PERSONAL AND CONFIDENTIAL INFORMATION
AND WILL NOT BE PROVIDED TO THE HIRING DEPARTMENT OR TO ANY SUPERVISORS OR
MANAGERS WHO ARE INVOLVED IN THIS SELECTION PROCESS.**

I. INFORMATION REQUIRED FOR BACKGROUND/PRE-EMPLOYMENT REQUIREMENT(S) CHECK

The following information may be used to conduct a background and/ or other pre-employment requirement(s) check. This page will be kept confidential and will not be provided to the Hiring Department for use in making a selection decision.

FIRST NAME		MIDDLE NAME		LAST NAME	
ADDRESS			CITY	STATE	ZIP CODE
DRIVER'S LICENSE NUMBER:			DRIVER'S LICENSE STATE OF ISSUANCE:		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	BEST PHONE # TO REACH YOU DURING BUSINESS HOURS:		POSITION APPLIED FOR	
____/____/____ MONTH DAY YEAR	____-____-____	____-____-____ AREA CODE TELEPHONE NUMBER	REQ # _____ - _____		

J. VOLUNTARY EEO SURVEY FOR JOB SEEKERS

JIPSD is an Equal Opportunity Employer. We would like to request that you provide us with the following demographic data on a voluntary basis to assist us in complying with government reporting requirements. This page will be kept confidential and will not be provided to the Hiring Department for use in making a selection decision. It is not our intent to be intrusive; but, it is important to collect this information from all job seekers, including all gender, minority, and non-minority groups, so that our data and report submissions are complete, accurate, and meaningful. (Please understand that the categories listed below are the only Federal reporting options currently available for government entities.)

THANK YOU for your voluntary cooperation and assistance!

GENDER - AS DEFINED BY THE FEDERAL GOVERNMENT (Please Check Only One):

- Female Male I decline to provide gender information.

RACE / ETHNICITY - AS DEFINED BY THE FEDERAL GOVERNMENT (Please Check Only One):

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaskan Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Two or More Races (Not Hispanic or Latino)** – A person who identifies with more than one of the above five races, for example, White and Black, or Black, Asian and American Indian.
- I decline to provide race/ethnicity information.

Job Seeker's Signature: _____ Date: _____

PLEASE PRINT YOUR NAME: _____

K. CERTIFICATION & SIGNATURE

PLEASE READ AND SIGN, CERTIFYING THAT YOU UNDERSTAND AND AGREE WITH THE FOLLOWING:

I understand that if employed by JIPSD, I will be considered an "at-will" employee, and will not have an employment contract. I understand that if employed by JIPSD, I will be given an Employee Policy Manual, which is NOT to be construed as a contract of employment. I understand that if employed by JIPSD, I will be required to abide by all of its rules and regulations.

I understand that information received by the JIPSD Department of Human Resources as a result of my signing this release may be used to assist in a background investigation of me, and may be used in conjunction with my application to evaluate my suitability for employment at JIPSD. I authorize any reference checks, as well as the investigation of all statements contained in this application for employment that may be considered necessary in arriving at an employment decision. I understand that if I am selected for employment, my employment is conditional upon the successful completion of all pre-employment requirements, to include but not necessarily be limited to a health screening (physical examination and drug and/or alcohol screen) and a criminal record search. I hereby authorize the release to JIPSD of information held by any parties regarding my previous employment, my criminal history record(s), and/or my record(s) of conviction in state and/or local files for violation of any federal, state, or local statutes or ordinances, my military records, my credit history, my driving record, and my scholastic/educational records, and I hereby release said persons, schools, companies, governmental agencies, courts, and law enforcement authorities from any damage or liability whatsoever for reusing this information. I hereby acknowledge that JIPSD cannot vouch for or guarantee the accuracy of information provided by third parties.

In connection with my application for employment, I understand that investigative inquiries about 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 Doctor's Care Medical Offices 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 Doctor's Care Medical Offices, 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 government 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 Doctor's Care Medical Offices and/or Premier InfoSource and release 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 for all companies, agencies, officials, officers, employees, and other persons who, in good faith, provide to JIPSD and/or Premier InfoSource and/or Doctor's Care Medical Offices, the above mentioned information as requested, in order to successfully complete a background investigation of my application for 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 Doctor's Care Medical Offices.

I certify that I am able to perform, with or without reasonable accommodations, the essential functions of the position I am applying to fill.

I CERTIFY THAT I HAVE READ THE ENCLOSED JAMES ISLAND PUBLIC SERVICE DISTRICT'S
CODE OF CONDUCT AND STANDARDS OF BEHAVIOR,
AND IF/AS LONG AS I AM EMPLOYED BY, ACT ON BEHALF OF, AND/OR REPRESENT THE ORGANIZATION,
I AGREE TO ABIDE BY THEM.

I certify that all information given in this application, including attachments, is true and complete to the best of my knowledge, and I agree that if the information given is found to be false or misleading, it shall be considered sufficient cause for denial of employment or discharge.

JIPSD IS AN EQUAL OPPORTUNITY EMPLOYER & PROVIDER, AN AT-WILL EMPLOYER, & A DRUG-FREE WORKPLACE. JIPSD PARTICIPATES IN E-VERIFY.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AND CONDITIONS AS STATED. I UNDERSTAND THAT THIS STATEMENT DOES NOT CONSTITUTE A CONTRACT OR OFFER OF EMPLOYMENT AND SHOULD NOT BE CONSTRUED AS SUCH.



PLEASE DOUBLE CHECK TO MAKE SURE YOUR APPLICATION IS FULLY-COMPLETED & LEGIBLE BEFORE SIGNING:

JOB SEEKER'S
SIGNATURE: _____

DATE: _____

***** Thank you for your interest in employment with James Island Public Service District. *****

JIPSD is an Equal Opportunity Employer & Provider, an At-Will Employer & a Drug-Free Workplace. We Participate in E-Verify.

PLEASE PRINT YOUR NAME: _____



PLEASE COMPLETE ALL FIELDS FOR EACH JOB HELD

EMPLOYER'S NAME & ADDRESS:

YOUR JOB TITLE		EMPLOYMENT START DATE ____ / ____ (Mo /Yr)		# HOURS NORMALLY WORKED PER WEEK _____ HRS / WEEK
REASON FOR LEAVING THIS JOB:		EMPLOYMENT END DATE ____ / ____ (Mo /Yr)		
SUPERVISOR'S NAME & PHONE NUMBER () - -	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	STARTING SALARY \$	ENDING SALARY \$	SALARY IS PER <input type="checkbox"/> Yr <input type="checkbox"/> Hr <input type="checkbox"/> Wk
JOB DUTIES (Please be specific)				
LIST TOOLS, EQUIPMENT AND COMPUTER SOFTWARE USED IN THIS JOB:				

EMPLOYER'S NAME & ADDRESS:

YOUR JOB TITLE		EMPLOYMENT START DATE ____ / ____ (Mo /Yr)		# HOURS NORMALLY WORKED PER WEEK _____ HRS / WEEK
REASON FOR LEAVING THIS JOB:		EMPLOYMENT END DATE ____ / ____ (Mo /Yr)		
SUPERVISOR'S NAME & PHONE NUMBER () - -	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	STARTING SALARY \$	ENDING SALARY \$	SALARY IS PER <input type="checkbox"/> Yr <input type="checkbox"/> Hr <input type="checkbox"/> Wk
JOB DUTIES (Please be specific)				
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REASON FOR LEAVING THIS JOB:		EMPLOYMENT END DATE ____ / ____ (Mo /Yr)		
SUPERVISOR'S NAME & PHONE NUMBER () - -	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	STARTING SALARY \$	ENDING SALARY \$	SALARY IS PER <input type="checkbox"/> Yr <input type="checkbox"/> Hr <input type="checkbox"/> Wk
JOB DUTIES (Please be specific)				
LIST TOOLS, EQUIPMENT AND COMPUTER SOFTWARE USED IN THIS JOB:				