



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 Indeed 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 YOU ARE LEGALLY AUTHORIZED TO WORK IN THE U.S.? Yes No

B. DRIVER'S LICENSE

<p>DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, Issuing State: _____ *License Expiration Date: ____/____/____ MONTH DAY YEAR</p>	<p>CHECK BELOW IF YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE (CDL) OR CLASS E (FIRE) DRIVER'S LICENSE: <input type="checkbox"/> CDL- Class A* <input type="checkbox"/> CDL- Class B* <input type="checkbox"/> CDL- Class C* <input type="checkbox"/> Class E (Fire) *Do You Have a Valid CDL Medical Examiner's Certificate? <input type="checkbox"/> Yes** <input type="checkbox"/> No ** If Yes, Medical Examiner's Certificate Expiration Date: ____/____/____ MONTH DAY YEAR *Do You Have a CDL Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE: _____</p>
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When applying for a Driving Position a 10-year Motor Vehicle Record is required.

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"/> Internet <input type="checkbox"/> Operating Systems <input type="checkbox"/> Office 365 <input type="checkbox"/> E-mail <input type="checkbox"/> Social Media <input type="checkbox"/> Databases <input type="checkbox"/> Other(s): _____
KEYBOARDING/ WORD PROCESSING:	How many <u>correct</u> words per minute can you key? _____ Correct Words Per Minute
PLEASE LIST ANY OTHER JOB-RELATED SKILLS YOU MAY HAVE:	_____ _____ _____

G. WORK EXPERIENCE

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.

STOP PLEASE COMPLETE **ALL** FIELDS FOR **EACH** JOB HELD.

Start with your present or most recent job:

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

NAME: _____



CODE OF CONDUCT AND STANDARDS OF BEHAVIOR

CODE OF CONDUCT

This Code of Conduct sets forth guidelines for professional conduct by all individuals representing and/or acting on behalf of the 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 all specific behaviors of individuals, 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 justly, equitably, and with impartiality
STEWARDSHIP	by taking responsibility for the care and preservation of JIPSD financial and material assets and resources
COMPETENCE	by consistently demonstrating the knowledge, skills, and abilities necessary to perform the individual’s role properly and successfully at JIPSD
COMPLIANCE	by acting within all enacted laws, regulations, ethical principles and JIPSD policies, guidelines, and procedures, as it relates to the execution of duties and responsibilities
CONFIDENTIALITY	by protecting the integrity and security of all JIPSD intellectual, technological, proprietary information, and property
ACCOUNTABILITY	by accepting responsibility for my actions, behaviors and decisions while performing my job/role within 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 always pledge to practice the following standards of behavior while performing work, acting on behalf of and/or representing the District.

I commit to the District’s Standards of Behavior, and will demonstrate the following core principles:

- **Promoting the mission, vision, and values of JIPSD**
- **Cooperating in a respectful and honorable manner while remaining fair & equitable**
- **Promoting a safe work environment**
- **Being accountable for the appropriate use of time and resources**
- **Displaying a positive attitude**
- **Being receptive to change**
- **Being fully accountable for my professional behavior and interactions**
- **Maintaining an appropriate/professional appearance**
- **Delivering excellent service to all customers**
- **Appropriately communicating and sharing information with others**
- **Promoting and exhibiting teamwork and cooperation in all areas of JIPSD.**

K. CERTIFICATION & SIGNATURE

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

I understand 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 required to abide by all its rules and regulations.

I understand information received by the JIPSD Department of Human Resources as a result of my signing this release may be used to assist in an 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 may be considered necessary in arriving at an employment decision. I understand if I am selected for employment, my employment is conditional upon the successful completion of all pre-employment requirements, to include but not necessarily limited to: a physical examination and drug and/or alcohol screen, criminal record search, my military records, my credit history, my driving record and my scholastic/educational records, 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.

In connection with my application for employment, I understand 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 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 or on behalf of JIPSD from any and all liability for damages arising from the investigation and disclosure of the requested information.

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

I have reviewed the District's Code of Conduct & Standards of Behavior, and I agree to abide by them.

I certify all information given in this application, including attachments, is true and complete to the best of my knowledge, and I agree 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, AN AT-WILL EMPLOYER, & A DRUG-FREE WORKPLACE. JIPSD PARTICIPATES IN E-VERIFY.

BY SIGNING BELOW, I CERTIFY I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AND CONDITIONS AS STATED. I UNDERSTAND 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 *****

PLEASE COMPLETE ALL FIELDS FOR EACH JOB HELD

EMPLOYER'S NAME & ADDRESS:

EMPLOYER'S NAME & ADDRESS:		YOUR JOB TITLE	EMPLOYMENT START DATE ____ / ____ (Mo /Yr)	# HOURS NORMALLY WORKED PER WEEK
		REASON FOR LEAVING THIS JOB:	EMPLOYMENT END DATE ____ / ____ (Mo /Yr)	_____ HRS / WEEK
SUPERVISOR'S NAME & PHONE NUMBER				
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
		REASON FOR LEAVING THIS JOB:	EMPLOYMENT END DATE ____ / ____ (Mo /Yr)	_____ HRS / WEEK
SUPERVISOR'S NAME & PHONE NUMBER				
JOB DUTIES (Please be specific)				
LIST TOOLS, EQUIPMENT AND COMPUTER SOFTWARE USED IN THIS JOB:				

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		REASON FOR LEAVING THIS JOB:	EMPLOYMENT END DATE ____ / ____ (Mo /Yr)	_____ HRS / WEEK
SUPERVISOR'S NAME & PHONE NUMBER				
JOB DUTIES (Please be specific)				
LIST TOOLS, EQUIPMENT AND COMPUTER SOFTWARE USED IN THIS JOB:				

WORK HISTORY
ATTACHMENT
(Copy as Needed)