



## APPLICATION FOR EMPLOYMENT

Today's Date \_\_\_ / \_\_\_ / \_\_\_

Last Name	First	Middle	Day Telephone
Address			Home Telephone
Last Four Digits of Your Social Security Number ___ __ __ __			
Are you a U.S. citizen or national, a lawful permanent resident alien, or an alien authorized by the Immigration and Naturalization Service to work in the United States? Yes No			

Position Desired: \_\_\_\_\_

Please indicate the employment schedule for which you are applying  
 Regular, full time    Part time    Temporary    Other \_\_\_\_\_

Are you willing to work  Weekdays  Weekends

Salary expected \$ \_\_\_\_\_ per  hour    week    month    year

Do you have any relatives currently employed by ARJWS?  
 If yes, name \_\_\_\_\_ Relationship \_\_\_\_\_

Type Of School	Name of School	City	State	Dates of Attendance	Degree Earned or Hours Completed	Major Field of Study	Did You Graduate Yes/No
High School							
College/ University							
College/ University							
Business/ Trade School							
Graduate School							
Other							

### TRAINING AND SKILLS

Please provide any additional information regarding your qualifications including special skills, training, licenses, certifications, membership in professional societies, etc.

---

---

---

---

Personal computer skills  Word  Excel  Other \_\_\_\_\_

### EMPLOYMENT HISTORY

Please list your entire employment history starting with your most recent position.

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
From: Mo./Yr. \_\_\_\_\_ To: Mo./Yr. \_\_\_\_\_ Your Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact?  Yes  No

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
From: Mo./Yr. \_\_\_\_\_ To: Mo./Yr. \_\_\_\_\_ Your Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
From: Mo./Yr. \_\_\_\_\_ To: Mo./Yr. \_\_\_\_\_ Your Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
From: Mo./Yr. \_\_\_\_\_ To: Mo./Yr. \_\_\_\_\_ Your Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

How did you hear about us?

Newspaper Ad    Social Media    Website    Current Employee: \_\_\_\_\_

References – list two references other than former employers or relatives.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No  
If yes, explain \_\_\_\_\_

I understand that the completion of this application does not indicate that positions are open and does not obligate ARJWS in any way. Any offer of employment will be contingent upon my receiving medical clearance for employment from an ARJWS approved physician following a physical examination including a drug screen. I further understand that if the position for which I am considered requires a security clearance any offer of employment will be made contingent on this clearance.

I authorize ARJWS to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, or government agency to give ARJWS any information they may have regarding me and I release ARJWS and all providers of information of any liability as a result of furnishing or receiving this information. I understand that any false information provided or omission of fact by me may result in rejection of my application and is grounds for termination if I am hired. I understand that if I am hired, I will be an employee at will and subject to dismissal at any time with or without cause.

The Anderson Regional Joint Water System is an Equal Opportunity Employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Benefits

- SC State Retirement System
- SC State Medical, Dental Insurance – System pays 100% for employees
- Long-Term Disability Insurance
- Deferred Compensation Programs – 401K and 457
- Flexible Spending Accounts – Medical and Childcare
- Paid Life Insurance
- Paid Vacation – 15 days per year increasing with longevity
- Sick Leave – 12 days per year
- 7 Paid Holidays
- Alternative Work Schedule (9/80) with every other Friday off.
- Uniforms Provided
- Job Training Programs
- Tuition Reimbursement Program