



An Equal Opportunity Employer  
**APPLICATION FOR EMPLOYMENT**

This application must be completed in full and signed. By completing this application, you are neither guaranteed an interview or a job offer. The North Charleston Sewer District is an equal opportunity employer and is an at will organization. Thus, you can end your employment with the District at any time and the District can end your employment at any time without notice. This application and certain information contained herein may be subject to the Freedom of Information Act (FOIA). This means if you apply for a position and we receive a FOIA request we are required to provide a copy of this application. The hiring department will notify you if you are selected for an interview. All applications on kept on file for a two (2) year period after date of application.

|                              |                          |                             |                 |
|------------------------------|--------------------------|-----------------------------|-----------------|
| <b>Position Applied For:</b> |                          | <b>Date of Application:</b> |                 |
|                              |                          |                             |                 |
| <b>Last Name</b>             | <b>First Name</b>        | <b>Middle Initial</b>       |                 |
|                              |                          |                             |                 |
| <b>Address</b>               | <b>City</b>              | <b>State</b>                | <b>Zip Code</b> |
|                              |                          |                             |                 |
| <b>Home Telephone</b>        | <b>Cell Phone Number</b> | <b>E-Mail Address</b>       |                 |
|                              |                          |                             |                 |

|                                                                                                                                                                                                                                        |            |                  |                  |                                                        |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|------------------|--------------------------------------------------------|------------------|
| <b>Have you ever been an employee of the North Charleston Sewer District?</b>                                                                                                                                                          |            | <b>Y</b>         | <b>N</b>         | <b>If yes, when and what position held previously?</b> |                  |
| Department                                                                                                                                                                                                                             | Position   |                  |                  | Dates From:                                            | To:              |
|                                                                                                                                                                                                                                        |            |                  |                  |                                                        |                  |
| <b>Do you have any relatives employed at the North Charleston Sewer District?</b>                                                                                                                                                      |            | <b>Y</b>         | <b>N</b>         | <b>If yes, provide the following information:</b>      |                  |
| Name                                                                                                                                                                                                                                   | Department |                  |                  | Relation:                                              |                  |
|                                                                                                                                                                                                                                        |            |                  |                  |                                                        |                  |
| Are you able to provide proof that you are eligible to work in the United States?                                                                                                                                                      |            | <b>Y</b>         | <b>N</b>         |                                                        |                  |
| Have you been convicted of a felony or plead "no contest" to a felony charge within the past seven years?                                                                                                                              |            | <b>Y</b>         | <b>N</b>         |                                                        |                  |
| Do you currently have any criminal charges pending other than speeding violations less than 10 miles over the limit?                                                                                                                   |            | <b>Y</b>         | <b>N</b>         |                                                        |                  |
| (Note: An answer of "Yes" does not necessarily mean you will not be considered for employment)                                                                                                                                         |            |                  |                  |                                                        |                  |
| If Yes, please specify date(s) and nature of offense(s):                                                                                                                                                                               |            |                  |                  |                                                        |                  |
|                                                                                                                                                                                                                                        |            |                  |                  |                                                        |                  |
| Have you ever defaulted on a National Direct Student Loan, a National Defense Student Loan, a Guaranteed-Federally Insured Student Loan, a Nursing Student Loan, Health Professions Student Loan, or Law Enforcement Educational Loan? |            |                  |                  |                                                        |                  |
|                                                                                                                                                                                                                                        |            | <b>Y</b>         | <b>N</b>         |                                                        |                  |
| When are you available to work? Please check all that apply.                                                                                                                                                                           |            |                  |                  |                                                        |                  |
|                                                                                                                                                                                                                                        |            | <b>Full Time</b> | <b>Part Time</b> | <b>Rotating Shifts</b>                                 | <b>Temporary</b> |

|                                                                                                                                               |                         |    |    |    |            |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----|----|----|------------|-----------|
| <b>EDUCATION</b>                                                                                                                              |                         |    |    |    |            |           |
| <b>Beginning with High School, provide information on all schools attended including universities, colleges, technical and trade schools.</b> |                         |    |    |    |            |           |
| Name and State of School                                                                                                                      | Highest Level Completed |    |    |    | Degree     | Major     |
| High School                                                                                                                                   | 9                       | 10 | 11 | 12 |            |           |
| Trade/Technical School                                                                                                                        | 1                       | 2  | 3  | 4  |            |           |
| Undergraduate School                                                                                                                          | 1                       | 2  | 3  | 4  |            |           |
| Graduate/Post Graduate School                                                                                                                 | 1                       | 2  | 3  | 4  | 5          | 6         |
|                                                                                                                                               |                         |    |    |    |            |           |
| <b>List any Professional or Trade Certificates that you have. You may be required to provide verification.</b>                                |                         |    |    |    |            |           |
| Name of Certification                                                                                                                         | Issuing Organization    |    |    |    | Issue Date | Exp. Date |
|                                                                                                                                               |                         |    |    |    |            |           |
|                                                                                                                                               |                         |    |    |    |            |           |

The North Charleston Sewer District is an Equal Opportunity Employer. All applicants are considered for employment without regard to color, race, sex, religion, age, national origin, marital status, veteran status, disability or genetic information. If you believe you have been discriminated against for any of these reasons for consideration of this application, please notify the Director of Human Resources at 7225 Stall Road, North Charleston, SC, 29419. It is also your right to notify the Equal Employment Opportunity Commission, Office of Federal Contract Compliance Programs or any other appropriate local or state agency of your complaint.

## **EMPLOYMENT EXPERIENCE**

List jobs starting with your present or most recent job first. Include any military experience. Account for employment/educational activity within the last seven (7) years. A Resume may be attached but does not take the place of this form. All information must be filled in. If you need more space, please attach a separate sheet and sign. Incomplete information may cause delays for your application to be forwarded to the hiring department.

|                                                                        |                    |                |              |            |
|------------------------------------------------------------------------|--------------------|----------------|--------------|------------|
| <b>Company Name</b>                                                    | Telephone          | Dates Employed | From:        | To:        |
|                                                                        |                    |                |              |            |
| Manager                                                                | Position           | Full Time      | Part Time    |            |
| Address                                                                | City               | State          | Zip Code     |            |
| Job Title                                                              | Reason for Leaving |                |              |            |
| May we contact this employer?                                          | Y                  | N              | Start Salary | End Salary |
| Describe duties:                                                       |                    |                |              |            |
|                                                                        |                    |                |              |            |
| List Tools, equipment and computer software utilized in this position. |                    |                |              |            |
|                                                                        |                    |                |              |            |

|                                                                        |                    |                |              |            |
|------------------------------------------------------------------------|--------------------|----------------|--------------|------------|
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|                                                                        |                    |                |              |            |
| Manager                                                                | Position           | Full Time      | Part Time    |            |
| Address                                                                | City               | State          | Zip Code     |            |
| Job Title                                                              | Reason for Leaving |                |              |            |
| May we contact this employer?                                          | Y                  | N              | Start Salary | End Salary |
| Describe duties:                                                       |                    |                |              |            |
|                                                                        |                    |                |              |            |
| List Tools, equipment and computer software utilized in this position. |                    |                |              |            |
|                                                                        |                    |                |              |            |

|                                                                        |                    |                |              |            |
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| <b>Company Name</b>                                                    | Telephone          | Dates Employed | From:        | To:        |
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| Manager                                                                | Position           | Full Time      | Part Time    |            |
| Address                                                                | City               | State          | Zip Code     |            |
| Job Title                                                              | Reason for Leaving |                |              |            |
| May we contact this employer?                                          | Y                  | N              | Start Salary | End Salary |
| Describe duties:                                                       |                    |                |              |            |
|                                                                        |                    |                |              |            |
| List Tools, equipment and computer software utilized in this position. |                    |                |              |            |
|                                                                        |                    |                |              |            |

## **MILITARY STATUS**

Have you ever served on active duty in the U.S. Armed Forces?      Y                      N

If yes, did you receive an honorable discharge?      Y                      N

If you received any discharge other than honorable please provide the specific type of discharge you received and explain the reason for your discharge:

**Please provide a copy of your DD214 which includes information about your separation and characterization of the discharge.**

## **OTHER EXPERIENCE AND DRIVER'S LICENSE INFORMATION**

|                        |                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Typing/Word Processing | How many words per minute can you type? _____                                                                                                                                                                                                                                                                                                                       |
| Computer Software      | Indicate the types of software you are skilled in using:<br><input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> Internet Other: _____                                                       |
| Telephone Experience   | Have you operated a multi-line phone? Yes <input type="checkbox"/> No <input type="checkbox"/> Number of Lines? _____ Years of Experience? _____                                                                                                                                                                                                                    |
| Driver's License       | Do you have a Valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____ Expires: _____ License No.: _____<br>Do you have a Valid Commercial Driver's License (CDL)? Yes <input type="checkbox"/> No <input type="checkbox"/> Permit <input type="checkbox"/> Class: A <input type="checkbox"/> Class B <input type="checkbox"/> |

### **YOU MUST SIGN THIS APPLICATION AND PLEASE READ THE FOLLOWING CAREFULLY:**

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any investigation and 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. I hereby understand and acknowledge that, unless otherwise defined by applicable law and as outlined below that:

**EMPLOYEES OF THE NORTH CHARLESTON SEWER DISTRICT ARE EMPLOYED AT WILL. THAT MEANS THAT EITHER THE EMPLOYEE OR THE DISTRICT MAY END EMPLOYMENT AT ANY TIME AND FOR ANY REASON. NOTHING IN THE DISTRICT'S HANDBOOKS, MANUALS, POLICIES, RULES, OR OTHER WRITTEN DOCUMENTS CREATES ANY CONTRACT OF EMPLOYMENT. CURRENT OR PAST POLICIES, PRACTICES OR PROCEDURES DO NOT INCLUDE A PROMISE OR CONTRACT THAT THOSE POLICIES, PRACTICES OR PROCEDURES WILL CONTINUE IN THE FUTURE. ANY AND ALL POLICIES PRACTICES OR PROCEDURES MAY BE CHANGED BY THE DISTRICT FROM TIME TO TIME. ORAL OR WRITTEN ASSURANCES AND/OR REPRESENTATIONS OF THE DISTRICT AND/OR ITS MANAGERS, SUPERVISORS OR AGENTS DO NOT FORM A CONTRACT OF EMPLOYMENT UNLESS (1) THE TERMS ARE IN WRITING AND INCLUDE THE DURATION OR TERM OF THE CONTRACT; (2) THE WRITING OR DOCUMENT IS LABELED "CONTRACT OF EMPLOYMENT;" AND (3) THE DOCUMENT IS SIGNED BY THE DISTRICT MANAGER.**

In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the North Charleston Sewer District.

I understand that photographs and/or video recordings may be taken of me by the District only at District worksites or District sponsored events. By signing below, I hereby give permission that photos and/or videos containing my image/ likeness may be used for publicity or general information purposes including publication on the NCSD web site/intranet, annual budget publication or within presentations given to groups related to District activities. The District will not seek any further permission nor provide any notification before using such photos.

By attaching an electronic signature (whether typed, graphical, or free form) I certify herein that I have read and understood all the statements listed above and throughout this application.

Signature of Applicant:

Date:

7225 Stall Road - P.O. Box 63009  
North Charleston, SC 29419

**NORTH CHARLESTON SEWER DISTRICT**  
**An Equal Opportunity Employer**  
**EEO Information**

Phone: (843) 764-3072  
Fax: (843) 574-3242

*In accordance with Equal Employment Laws we are required to maintain statistical data on all applicants. This form is NOT part of the employment application and is not used for screening purposes of candidates. The information on this sheet regarding, race, sex and age is needed for statistical purposes to meet federal compliance reporting requirements on equal employment opportunity. This information is needed to analyze and assure compliance with the Federal Equal Employment Opportunity Laws. Your participation in this survey is kept in a confidential file and is detached from your employment application form prior to review of qualifications by the hiring department. To assist us in complying with government recordkeeping and other legal requirements, please fill out the EEO Questionnaire below. Providing this information is strictly voluntary, and refusal to provide it will not subject you to any adverse treatment. Any information provided by you will be kept confidential and only used with applicable Federal laws and regulations.*

**PLEASE PRINT**

Date: \_\_\_\_\_ Gender: Male ☐ Female ☐ Age: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Where did you learn about the job opening? NCSD Website, Newspaper Ad, Employment website, Job Service, Walk-in, Job Fair, District employee.

Check one if applicable: Disabled Individual ☐ Disabled Veteran Vietnam Veteran ☐

**Please identify your Race/Ethnic Data by checking one category below: (Note: If identifying yourself as two or more races or ethnic groups, please only check the category two or more races below).**

- ☐ **African American or Black (Not Hispanic or Latino)**  
A person having origins in any of the black racial groups of Africa.
- ☐ **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Asian or Pacific Islander** - 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.
- ☐ **Hispanic or Latino** - A person having origins of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.
- ☐ **White or Caucasian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Other Pacific Islander or Native Hawaiian (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Two or more races.**

☐ **I do not wish to enter voluntary self-identification EEOC information on this form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**NOTICE TO INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS AND VIETNAM ERA VETERANS**

Federal government contractors are subject to Section 403 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 that information. The reason is to provide information regarding proper placement and appropriate accommodation to enable you to perform the essential functions of the position in a proper and safe manner. The information will not adversely affect any consideration for employment at the North Charleston Sewer District. If you wish to be identified, sign here:

\_\_\_\_\_

**DISCLOSURE OF PROCUREMENT OF CONSUMER REPORT  
AND/OR INVESTIGATIVE CONSUMER REPORT**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

PLEASE BE ADVISED that North Charleston Sewer District may obtain a Consumer Report about you in order to evaluate your eligibility **for employment purposes**. It may be an Investigative Consumer Report, which may include information about your character, general reputation, personal characteristics, and mode of living. You have the right to request disclosure of the nature and scope of the report, which may involve personal interviews with sources such as your neighbors, friends, associates, or others.

These reports may include credit information, credit history, employment history and reference checks, criminal and civil history information, motor vehicle records and moving violation reports (“driving records”), sex offender status reports, education verification, professional licensure verification, and other items.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT HE/SHE HAS READ THE FOREGOING DISCLOSURE.

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APPLICANT’S SIGNATURE

---

DATE

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APPLICANT’S NAME IN BLOCK LETTERS