



BEAUFORT-JASPER WATER & SEWER AUTHORITY

6 Snake Road
Okatie, South Carolina 29909-3937
(843) 987-9292
Facsimile (843) 987-7573
www.bjwsa.org

HR Use Only
Received: _____

APPLICATION FOR EMPLOYMENT

(Please Print)

GENERAL INSTRUCTIONS

- All parts of the BJWSA Employment Application must be completed and submitted to the Human Resources Department by the deadline date indicated in the job advertisement. Incomplete or late applications will prevent further consideration for the current job vacancy.
- A separate BJWSA Employment Application must be completed and is required for EACH job opportunity in which you are interested. Attaching a resume is very helpful in the employment process, but does not replace a fully completed application form.
- BJWSA Employment Applications will *only* be accepted during the time when there is an advertised vacancy.
- Please review the minimum qualifications to ensure you qualify for the vacancy. If you do not meet the basic qualifications, your application will be withdrawn from consideration.
- Any applicant requiring reasonable accommodations or assistance in the application or interview process should notify the Human Resources Department.

Completed BJWSA Employment Applications may be mailed, e-mailed, faxed, or personally delivered to the following:

- **Mail:** Human Resources, 6 Snake Road, Okatie, South Carolina 29909-3937
- **E-mail:** Application can be sent via email to dianet@bjwsa.org
- **Fax:** 843-987-7573.

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, GENDER IDENTITY, GENETICS, NATIONAL ORIGIN, CITIZENSHIP, AGE, VETERAN STATUS, DISABILITY, SEXUAL ORIENTATION, MARITAL STATUS OR ANY OTHER LEGALLY PROTECTED STATUS. THIS IS NOT A CONTRACT OF EMPLOYMENT. EMPLOYMENT REMAINS AT-WILL AND MAY BE TERMINATED BY EITHER PARTY AT ANY TIME, WITH OR WITHOUT NOTICE OR REASON.

***POSITION APPLIED FOR** _____

(*You must list one specific position you are applying for or your application will not be considered.)

DATE OF APPLICATION _____

NAME _____
Last First Middle Other

MAILING ADDRESS _____
Street City State Zip

Best way to contact you (check all that apply):

- Cell Phone _____ Home Phone _____
- Business Phone _____ Email Address _____

An Equal Opportunity Employer



EDUCATION

High School			Location					
From		To		Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree	
College			Location					
From		To		Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree	
Other			Location					
From		To		Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree	

REFERENCES

Complete the information requested below. You should include individuals familiar with your work who are not relatives. If selected for employment, these individuals may be contacted as well as former employers.

Name of Professional Reference	Relationship	Company/Mailing Address	Phone Number
1.			
2.			
3.			

PERSONAL DATA

Can you, upon employment, provide documentation establishing your identity and eligibility to be legally employed in the U.S.? Yes No Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment.

What is your desired salary range? _____

Are you available to work: Full-Time (Please indicate 1 2 3 shift)
 Part-Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available _____)

May we contact your present or former employer? Yes No

Have you ever been employed or filed an application with Beaufort-Jasper Water & Sewer Authority before? Yes No

If Yes, when did you apply or what were your employment dates? _____

Do any of your relatives work here? Yes No If Yes, what are their names? _____

Have you ever pled "guilty", "no contest" or been convicted of a felony? Yes No

If Yes, please provide dates and details _____

(Conviction of an offense is not an automatic bar to employment. BJWSA will consider the nature, date, and relationship between the offense and the position for which you are applying.)



EMPLOYMENT EXPERIENCE

List all employment in chronological order, with present employment first. Any voids in the chronological order must be explained on a separate attachment. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. **NOTE: Submission of a resume is not sufficient. All applicants must complete this section. Incomplete applications will be withdrawn from consideration.**

EMPLOYER – CURRENT OR MOST RECENT		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
EMPLOYER		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
EMPLOYER		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
EMPLOYER		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

If you need additional space, please continue on a separate sheet of paper.



ADDITIONAL INFORMATION

Specialized Skills

(Check Skills/Licenses/Equipment Operated)

___ Typing	___ Spreadsheet (Excel, etc)	___ Commercial D.L.	Equipment (list)
___ PC/MAC	___ Word processing (Word, etc)	___ Other License	_____
___ Data Mgt (Access, etc)	___ Driver's License	___ Specialized Tools	_____

Other Qualifications & Memberships

Summarize special job-related skills, professional licenses, certifications and qualifications acquired from employment or other experiences. Also, list any professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

How did you hear of this job opening?

BJWSA Employee Other (specify) _____

Website (specify) _____ Newspaper (specify) _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

I understand that if I am tentatively selected for employment with Beaufort-Jasper Water & Sewer Authority I will be required to submit to various background checks including, but not limited to, reference screening, criminal records checks, driving record checks, a post-offer medical examination and post-offer drug screening.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Beaufort-Jasper Water & Sewer Authority is of an "at will" nature, which means that the Employee may resign at any time and Beaufort-Jasper Water & Sewer Authority may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized Executive or Executive Body of this organization.

In the event of employment, I understand that false or 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 employer.

Signature of Applicant

Date



INVITATION TO VOLUNTARILY SELF IDENTIFY RACE/GENDER

Beaufort-Jasper Water & Sewer Authority (BJWSA) is an equal employment opportunity employer and is required by law to report certain data regarding our applicants and employees. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

Submission of self-identifying information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. You may inform us of your desire at this time and/or at any time in the future. If you should choose not to self-identify your race/ethnicity, the federal government allows this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government.

Date

Printed Name

Signature

Please indicate your preference: I wish to disclose the information. I do not wish to disclose my gender status and race/ethnic information at this time.

Gender: Male Female

Please check only one of the race/ethnicity descriptions below with which you MOST identify:

- Hispanic/Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- 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.
- 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.
- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with two or more of the above five races.

INVITATION TO VOLUNTARILY SELF IDENTIFY AS A PROTECTED VETERAN



Beaufort-Jasper Water & Sewer Authority (BJWSA) is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. §4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. Our Affirmative Action Plan is designed to set forth and measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. The classifications of protected veterans are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I DON'T WISH TO DISCLOSE MY STATUS

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Date

Printed Name

Signature



INVITATION TO VOLUNTARILY SELF-IDENTIFY DISABILITY

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Date

Printed Name

Signature



INVITATION TO VOLUNTARILY SELF-IDENTIFY DISABILITY

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2020

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.
