

APPLICATION FOR EMPLOYMENT

VALLEY PUBLIC SERVICE AUTHORITY

P.O. BOX 340
GLOVERVILLE, SC 29828
(803) 593-2053

442 PINE STREET
WARRENVILLE, SC 29851

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (Last, First Middle)		SOCIAL SECURITY NO.	
ADDRESS		CITY	STATE ZIP CODE
ARE YOU 18 YEARS OR OLDER?		PHONE NUMBER	
<input type="checkbox"/> YES	<input type="checkbox"/> NO		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE?		IF YES, WHEN?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EVER WORKED FOR THIS COMPANY BEFORE?		IF YES, WHEN?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WHO REFERRED YOU TO THIS COMPANY?		
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISEMENT	
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	
<input type="checkbox"/> WALK IN	<input type="checkbox"/> OTHER	

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
EMPLOYMENT START DATE	EMPLOYMENT END DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?		
		<input type="checkbox"/> YES	<input type="checkbox"/>	NO
SUPERVISOR'S NAME	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
EMPLOYMENT START DATE	EMPLOYMENT END DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?		
		<input type="checkbox"/> YES	<input type="checkbox"/>	NO
SUPERVISOR'S NAME	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
EMPLOYMENT START DATE	EMPLOYMENT END DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?		
		<input type="checkbox"/> YES	<input type="checkbox"/>	NO
SUPERVISOR'S NAME	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES

GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO & HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

MILITARY SERVICE RECORD

BRANCH OF SERVICE
RANK
DISCHARGE DATE

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?			
	YES		NO
IF YES PLEASE EXPLAIN, [WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION]			

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

SIGNATURE

DATE