



**GILBERT-SUMMIT RURAL WATER DISTRICT**  
 P.O. Box 172, Gilbert, South Carolina 29054  
 Phone: (803) 892-5544

***APPLICATION FOR EMPLOYMENT***

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

<b>PERSONAL INFORMATION</b>			
NAME			
Last:	First:	Middle:	
ADDRESS			
Street:	City:	State:	Zip:
Social Security #:    -    -	Telephone #: (    )	E-mail:	
DATE OF BIRTH: Month	Day	Year	
REFERRED BY:			
Name & Relationship of any relative in our employ: _____			

<b>EMPLOYMENT DESIRED</b>			
POSITION:		DATE YOU CAN START:	
SALARY DESIRED: \$			
Are you currently employed? Yes	No	May we contact your employer? Yes	No
Have you ever applied to this company before? Yes _____ No _____			
Where?	When?		

<b>EDUCATION</b>		
	NAME & LOCATION	GRADUATED / DATE
High School		
College		
Other: (Specify)		

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<b>MISCELLANEOUS</b>			
Do you possess a valid driver's license? Yes _____ No _____			
License #:	State:	Expiration Date:	Class:
Are you authorized to work in the United States? Yes _____ No _____			
Have you ever been convicted of a criminal offense? Yes _____ No _____			
NOTE: Criminal offenses include felonies, misdemeanors and summary offenses. Omit minor vehicle violations and any offense before your 17 <sup>th</sup> birthday, which was adjudicated in juvenile court or under a youthful offender law.			
If yes, please list charge(s): _____			

<b>PREVIOUS EMPLOYMENT</b>					
List your last four employers, starting with present or most recent.					
DATE Month & Year	NAME & ADDRESS OF EMPLOYER	PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From: _____ To:					
From: _____ To:					
From: _____ To:					
From: _____ To:					

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**REFERENCES**

List three names of persons not related to you, whom you have known at least one year.

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

Company: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

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

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

Company: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

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

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

Company: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

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

**EMERGENCY**

In case of an emergency, who should we notify?

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By my signature, I consent to the release of information which may include but not be limited to information concerning my past and present work. I affirm that all statements on this form are true and accurate; any misrepresentation or falsification may result, if hired, in termination of employment. If employed, I agree to adhere to the Drug Free Policy.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_