

## ST. ANDREWS PUBLIC SERVICE DISTRICT

P.O. Box 30305, Charleston, South Carolina 29417 www.STANDREWSPSD.org

## **Department of Environmental Services**

## EMPLOYMENT APPLICATION

## DRUG TEST REQUIRED

Name			
	Last	First	Middle
Address			
	Street		
	City	State	Zip Code
			•
Phone	( ) -	Email	
Check Position A	applied For MECHANIC_	DRIVER	LABORER
Salary Requireme	ent <u>\$</u> /Hour	Date Available	
Education	Name and Location of Scho	ool Years Attended	d Graduate or GED
High School			
College			
Trade, Technical,			
Military			
Please List any S	pecial Skills:		

Company Name & Location	From Month/Yr	To Month/yr	Reason For Leaving	Supervisor Name
Title and Job Description:				
Phone Number				
( ) -	_	May we con	ntact?	-
Company Name & Location	From Month/Yr	To Month/yr	Reason For Leaving	Supervisor Name
Title and Job Description:				
Phone Number				
( ) -	<u> </u>	May we con	ntact?	-
Company Name & Location	From Month/Yr	To Month/yr	Reason For Leaving	Supervisor Name
Title and Job Description:				
The und voe Beschphen.				
Phone Number				
( ) -	_	May we con	ntact?	-
**Information regarding SCDL does no	ot apply if apply	ving for posi	tion of Laborer.	
Do you possess a Valid South Carolina	Drivers Licens	e?	Yes No	
Drivers License Number			Class	

Have you ever been convicted of a felony?	Yes No If yes, please explain below.	
Comment Section for detailed answers to previous of	questions.	
1 11	ortunity employer. Applicants will be considered for	
positions without regard to age, race, color, religion	, national origin, gender or disability.	
Signa	ture and Certification	
hearby affirm that the information provided on thi	s application (and any accompanying resume and/or	
locumentation, if any) is true and complete to the b		
	me from further consideration for employment and	
·	overed at a later date. I further understand that this	
application becomes the property of St. Andrews Pu	ablic Service District and will not be returned.	
understand that my employment can be terminated	l, with or without cause, at any time at the discretion	
of St. Andrews Public Service District or myself. I u	understand that no management official other than the	
St. Andrews Public Service District has any authori	ty to enter any agreement contrary to the foregoing or	
make any oral assurance or promise of continued er	nployment.	
authorize persons, schools, my current and/or rece	nt employers and organizations named in this	
application and accompanying resume and/or docur	nentation, to provide any relevant information that	
may be required to arrive at an employment decision	n.	
Signature	Date	