



**BELTON - HONEA PATH WATER AUTHORITY**  
**525 FILTER PLANT RD.**  
**HONEA PATH, SC 29654**



**APPLICATION FOR EMPLOYMENT**  
(Please Print)

**We consider applicants for all positions without regard to race, color religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.**

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Present Address: \_\_\_\_\_  
(Street, Apt#, or P.O. Box) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you 18 years of age or older? Yes  No  Are you eligible to work in the United States? Yes  No

Relatives employed by BHPWA? Yes  No

If yes, list name(s) and relation. \_\_\_\_\_  
\_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Have you been convicted, pled guilty, or pled no contest to a crime other than minor traffic violations? Yes  No

**Note: A "yes" answer to this question will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.**

If yes, list charge(s), where convicted, date, disposition or current status. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you in the U.S. Armed Forces? Yes  No

If yes, list branch and rank at discharge. \_\_\_\_\_

**BHPWA is an equal opportunity provider and employer.**

**EDUCATION:**

Name of High School - City, State	Highest Year Completed	Did you graduate?	Degree / Diploma
<b>GED:</b>			
Name of College - City, State	Highest Year Completed	Did you graduate?	Degree / Diploma
Other - City, State	Highest Year Completed	Did you graduate?	Degree / Diploma
Trade or Vocational School - City, State	Highest Year Completed	Did you graduate?	Degree / Diploma

Do you possess a valid S.C. Driver's license? Yes  No

Driver's license number and state: \_\_\_\_\_

Are you currently a registered or licensed for a profession in South Carolina? Yes  No

If yes, list profession / craft, license number, and expiration date. \_\_\_\_\_

**SPECIALIZED SKILLS (Check skills / equipment operated)**

	PC / MAC	Production / Mobile Machinery (list)	Other (list)
	Spreadsheet		
	Word Processing		
	PowerPoint		

List any equipment or machines with which you are proficient and other skills, qualifications, awards, training courses, etc. related to the position for which you are applying.

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**WORK HISTORY**

Begin with your present or most recent position. List all positions held, including military service, if any. Please answer all questions in this section in complete detail. We may call your previous employers.

1. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Name and title of immediate supervisor \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Name and title of immediate supervisor \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Starting Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Name and title of immediate supervisor \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ Phone: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (List three (3) references other than former employers or relatives.**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that the completion of this application does not indicate that positions are open and does not obligate BHPWA in any way. Any offer of employment will be contingent upon my receiving medical clearance for employment from an BHPWA approved physician following a physical examination including a drug screen. I further understand that if the position for which I am considered requires a security clearance, any offer of employment will be made contingent on this clearance.

I authorize BHPWA to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, or government agency to give BHPWA any information they may have regarding me, and I release BHPWA and all providers of information of any liability as a result of furnishing or receiving this information. I understand that any false information provided or omission of fact by me may result in rejection of my application and is grounds for termination if I am hired. I understand that if I am hired, I will be an employee at will and subject to dismissal at any time with or without cause.

Belton-Honea Path Water Authority is an Equal Opportunity Employer.

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