

ADDITIONAL INFORMATION

List 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:*

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills - Check skills and/or equipment operated

<input type="checkbox"/> Computer	<input type="checkbox"/> CDL	<input type="checkbox"/> Class 'B' Distribution License
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Backhoe	<input type="checkbox"/> Class 'C' Distribution License
<input type="checkbox"/> Word Processing	<input type="checkbox"/> CSI Certification	
<input type="checkbox"/> Strokes Per Minute		

State any additional information you feel may be helpful to us in considering your application.

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Do not answer the following question unless you have been informed about the requirements of the job for which you are applying.
Are you capable of performing in a reasonable manner, with or without a reasonable accomodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

REFERENCES

Name
Mailing Address
Daytime Phone Evening Phone
Name
Mailing Address
Daytime Phone Evening Phone
Name
Mailing Address
Daytime Phone Evening Phone

Please read carefully before signing. If you have any questions regarding this statement, please ask before signing.

I understand that this application is not an offer for employment and that by accepting my application, Gastonia-Scurry Special Utility District (GSSUD) does not guarantee that I will be offered a job. I also understand that if I am offered and accept a job, GSSUD reserves the right to make changes in the terms and conditions of my employment, with or without notice, as GSSUD determines necessary or appropriate. If employed, I agree to conform to the rules of GSSUD. I understand and agree that any future employment is not for any guaranteed length of time, and that employment is based on the consent of both GSSUD and the individual employee, and that both GSSUD and I have the freedom to terminate the employment relationship whenever either chooses to do so, and that no policy, procedure or practice of GSSUD may in any way constitute or be construed as either a contract of employment between GSSUD and me or a promise of employment.

I understand that no one other than the Board of Directors of GSSUD has authority to make any other agreement. Any such agreement by the Board of Directors must be in writing.

I understand that if I am offered a job, I may be required to undergo physical examinations prior to being hired. Such physical examinations may include drug screening tests to determine whether I have been or am using illegal drugs, controlled substances or prescribed medications. I understand that initial and continued employment are contingent upon the successful completion of such examinations, but that successful completion does not guarantee initial or continued employment. I will inform GSSUD or the designated medical provider of any prescription drugs that I am currently taking. I agree to submit to such physical examination and to have the results released to the appropriate GSSUD officials. I hereby release GSSUD and its officers, agents and employees from any liability that may arise from such physical examinations or the use or disclosure of the results.

I certify that all statements made by me on this application as well as in employment interviews are true and complete to the best of my knowledge and that I have withheld nothing. Furthermore, I understand that any pertinent omission or misrepresentation of fact may result in refusal of employment or immediate dismissal when discovered.

I hereby: (a) authorize inquiries seeking information and/or verification concerning my personal and employment history, and (b) release from liability, damage and/or responsibility of all persons, schools, corporations, governmental agencies or other organizations furnishing information and /or document, regarding my personal or employment history, and (c) authorize the release of any such information and/or documents.

By signing below, I certify that I have read and understand the above statements.

Applicant Signature

Date

Date Received