

**THE COMMISSIONERS OF PUBLIC WORKS  
of the  
TOWN OF SUMMERVILLE**

**Staff**

R. Christopher Kahler, PE, General Manager  
Belinda Harper, CPA, Deputy GM - Finance  
Michael Priester, Deputy GM - Engineering  
Alicia T. Wilson, PE, BCEE, Deputy GM – Operations



**Board of Commissioners**

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Stephen W. Mueller, Chair Elect  
Charles L. Cuzzell III, Secretary  
Mayor Russ Touchberry, Ex-Officio  
Councilmember Kima Garten-Schmidt, Ex-Officio

**Employment Application**

An at-will equal opportunity employer

Please complete an application for each position for which you would like to be considered. Your application will remain active for six months. Please return completed applications to PO Box 817, Summerville, SC 29484 or in person at 215 North Cedar Street. For more information, please contact SCPW Human Resources at (843) 875-8760 or visit [www.summervillecpw.com](http://www.summervillecpw.com). This application must be completed in full and signed. Incomplete or unsigned applications will not be considered.

Position Applied For: <small>(One position per application)</small>			Date of Application
Last Name	First Name	Middle Name	Telephone Number(s)
Address	City	State	Zip Code

**Availability**

<input type="checkbox"/> Immediately <input type="checkbox"/> After two-week notice <input type="checkbox"/> Other: _____ _____	<b>Are you willing to work (check all that apply):</b> <input type="checkbox"/> Full-time (40 or more hours per week) <input type="checkbox"/> Temporary (No Benefits) <input type="checkbox"/> Weekends <input type="checkbox"/> Part-time (Less than 40 hours per week) <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime <input type="checkbox"/> Inclement Weather <input type="checkbox"/> Outdoors
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**Education** Beginning with high school, provide information on all schools attended including colleges and trade schools.

Name and State of School	Select Highest Level Completed	Did you Graduate?	Degree/Major
High School	9    10    11    12	Yes    No	
Trade/Technical School	9    10    11    12	Yes    No	
College	9    10    11    12	Yes    No	
Other	9    10    11    12	Yes    No	

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## Employment Experience

List jobs starting with *your present or most recent job*. Include any military experience. A resume may be attached but does not take the place of this form. If you need more space, please attach a separate sheet.

Company Name	Telephone	Dates Employed
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for leaving
List tools, equipment and computer software utilized in this position		

Company Name	Telephone	Dates Employed
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Other Qualifications

Summarize professional licenses, certifications and qualifications acquired from employment or other experiences

## Skills

Computer Software	Indicate the type of software you are skilled in using: <input type="checkbox"/> MS Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> AutoCAD <input type="checkbox"/> Others _____
Telephone	Have you operated a multi-line phone? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of lines _____ How many years of experience? _____
Driver's License	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No   State: _____ Do you have a valid Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permit <input type="checkbox"/> Class A <input type="checkbox"/> Class B
Construction Equipment	<input type="checkbox"/> Evacuators <input type="checkbox"/> Pumps <input type="checkbox"/> Tamps <input type="checkbox"/> Water Machine <input type="checkbox"/> Saws <input type="checkbox"/> Other _____

## Personal Data

Provide the best method for contacting you about your application:  Phone # and general time of the day _____  Email _____  Other _____  Have you ever been employed or filed an application with Summerville Commissioners of Public Works before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when did you apply or what were your employment dates? _____  Do any of your relatives work for SCPW? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what are their names? _____  Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list the charge, where convicted, date, and disposition _____  (Conviction of an offense is not an automatic bar to employment. Summerville CPW will consider the nature, date, and relationship between the offense and the position for which you are applying.)  <b>FOR ALL NEW-HIRES, SCPW WILL SUBMIT INFORMATION TO THE FEDERAL E-VERIFY PROGRAM TO CONFIRM AUTHORIZATION TO WORK IN THE UNITED STATES.</b>
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## References

Complete the information requested below. You should include individuals familiar with your work who are not relatives or former employers. If selected for employment, these individuals may be contacted as well as former employers.

Name of Reference	Position/Relationship	Mailing Address	Phone Number

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## Signature and Certification

**YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN**

I hereby affirm that the information provided on this application (and accompanying resume and/or documentation, if any) is true and complete to the best of my knowledge. I also understand that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I further understand that this application becomes the property of The Commissioners of Public Works of the Town of Summerville and will not be returned.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume and/or documentation, if any) to provide any relevant information that may be required to arrive at an employment decision.

I understand that if I am tentatively selected for employment with Summerville Commissioners of Public Works I will be required to submit to various background checks including, but not limited to, reference screening, criminal record checks, a pre-employment medical examination and drug screening. I also understand that Summerville Commissioners of Public Works participates in E-Verify and will provide the federal government with my Form I-9 to confirm that I am authorized to work in the United States.

**IF YOU ARE OFFERED A POSITION, THIS IS NOT AN EMPLOYMENT CONTRACT. EMPLOYMENT WITH THE COMMISSIONERS OF PUBLIC WORKS OF THE TOWN OF SUMMERVILLE IS ENTERED INTO VOLUNTARILY AND THE EMPLOYEE IS FREE TO TERMINATE HIS OR HER EMPLOYMENT, AT WILL AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE. THE COMMISSIONERS MAY TERMINATE THE EMPLOYMENT RELATIONSHIP WITH THE EMPLOYEE AT WILL AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE.**

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

WE THANK YOU FOR APPLYING FOR EMPLOYMENT WITH

**The Commissioners of Public Works  
of the  
Town of Summerville**

AN AT-WILL EQUAL OPPORTUNITY EMPLOYER