

CATAWBA RIVER WATER SUPPLY PROJECT

AT-WILL EMPLOYMENT APPLICATION

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY CRWSP, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS CRWSP IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH CRWSP AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF CRWSP. This employment application is considered active for 180 days unless CRWSP indicates otherwise in writing to your last known address.

I. Personal Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

▪ If hired, can you provide proof that you are legally able to work in the United States? Yes___ No___

▪ How were you referred to us?

Advertisement ___ Referral ___ Employment Agency ___ Walk-In ___ Website___ Other _____

▪ Have you ever been convicted of a criminal offense (felony or misdemeanor)? *Note: An affirmative answer will not necessarily result in disqualification for employment:*

Yes___ No___

If yes, please state nature of offense(s), date(s), city, state and disposition of the offense:

▪ In order to comply with our Nepotism Policy, list any relatives employed by Catawba River Water Supply Project:

▪ Have you ever worked for CRWSP? Yes___ No___ If so, when? _____

II. Employment

- Position Desired: _____
- Salary Desired: _____
- What days and hours are you available for work?

- Are you available to work overtime if necessary? Yes___ No___
- Are you at least 18 years of age? Yes___ No___
- When are you available to begin work? _____
- Are you able to perform the essential functions of the job for which you are applying? *Note: We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions:*
Yes___ No___

III. Skills

- Are you able to operate a personal computer? Yes___ No___

If yes, what types of computer software do you have proficiency in?

List any other office machines you can operate:

- What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

IV. Education

- High School

Name & City of School: _____

Number of Years Completed: _____

Did you graduate? Yes___ No___

▪ College, University, or Trade School

Name & City of School: _____

Number of Years Completed: _____

Did you graduate? Yes___ No___

Degree(s) or Diploma(s): _____

Major Field(s) of Study: _____

V. Employment History

Please account for all employment within the last 5 years, beginning with your current or most recent employer.

▪ Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer? Yes___ No___

May we contact this employer? Yes___ No___

Specific Job Duties:

Reason for Leaving: _____

▪ Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer? Yes___ No___

May we contact this employer? Yes___ No___

Specific Job Duties:

Reason for Leaving: _____

▪ Positions Held

Company Name: _____

Company Address: _____

Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer? Yes___ No___

May we contact this employer? Yes___ No___

Specific Job Duties:

Reason for Leaving: _____

VI. Military Service

- Have you obtained any special skills or abilities as the result of services in the military?
Yes___ No___

If yes, please describe:

VII. Personal References

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

- Name of Reference #1: _____
- Address: _____
- Telephone Number: (____)_____

- Name of Reference #2: _____
- Address: _____
- Telephone Number: (____)_____

APPLICANT'S STATEMENT

(Initial each numbered item, indicating you have read and agreed to the statement(s))

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by CRWSP or its agents.
2. _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of CRWSP, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release CRWSP, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. _____ I understand that CRWSP is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening as required by CRWSP's policy. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire.
4. _____ I understand that CRWSP may seek to obtain a consumer report and/or investigative report that will include personal information regarding myself, including but not limited to educational history, work references, driving records, financial records including credit reports and criminal convictions or arrest records in order to assist CRWSP in completing a thorough background investigation. I further acknowledge that reports may be provided to CRWSP by other firms subcontracted for that purpose.
5. _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
6. _____ I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY CRWSP, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS CRWSP IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH CRWSP AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF CRWSP.
7. _____ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above.

Applicant Name: _____

Applicant Signature: _____

Date: _____

CATAWBA RIVER WATER SUPPLY PROJECT

SOUTH CAROLINA DRUG-FREE WORKPLACE POLICY NOTICE TO ALL EMPLOYEES AND APPLICANTS

DRUG-FREE WORKPLACE

Catawba River Water Supply Project is committed to maintaining a safe, pleasant, and productive working environment. You have the right to come to work without fear of interacting with someone under the influence of drugs or alcohol. This Policy highlights CRWSP's South Carolina Drug-Free Workplace Policy. CRWSP's Designated Employer Representative (DER) is Randy Hawkins, CASP. The Alternative DER is Allen Culp, Operations Manager.

While we do not wish to intrude into your private life, a personal problem like drug or alcohol abuse will affect work performance, workplace safety, and public safety. All testing information is considered confidential information by CRWSP, laboratories, MROs, insurers, and rehabilitation programs and will be maintained separate from personnel files. Our Drug-Free Workplace Policy does not tolerate the abuse of drugs or alcohol in the workplace. Understand that this Policy prohibits illegal drug use on or off the job. We encourage any employee suffering from a substance abuse problem to seek help. If you need help, we can direct you to our Employee Assistance Program (EAP) for a confidential evaluation and referral for substance abuse treatment if necessary.

Notice of CRWSP's South Carolina Drug-Free Workplace testing will be provided on vacancy announcement and is posted in conspicuous locations on District premises.

Our program can help improve your health and help you avoid trouble with the law. Even if you do not use drugs or alcohol, this program will make your workplace safer and more productive, CRWSP safer, and will help your friends and co-workers get the help they need. Compliance with this policy is a condition of your hire or continued employment. CRWSP has developed its drug-free workplace policy in compliance with the Worker's Compensation Premium Reduction Act, S.C. Code Ann. § 41-1-15 and § 38-73-500.

We ask that every employee work together to make Catawba River Water Supply Project a drug-free workplace, as well as a safe and rewarding place to work.

CATAWBA RIVER WATER SUPPLY PROJECT

Catawba River Water Supply Project

P.O. Box 214, Van Wyck, SC 29744

LETTER TO APPLICANTS AND EMPLOYEES

Drug and Alcohol Testing Program

The illegal use of drugs and the abuse of alcohol are problems that invade the workplace, endangering the health and safety of the abusers and those who work around them. Every employee and applicant should understand those dangers and be aware of the federal requirements and state guidelines concerning substance abuse in the workplace. Catawba River Water Supply Project is committed to creating and maintaining a workplace free of substance abuse.

To answer this problem, Catawba River Water Supply Project has developed a policy in conformity with Department of Transportation (DOT) Drug and Alcohol Testing Program Regulation 49 CFR Part 40 and Federal Motor Carriers Safety Administration (FMCSA) Regulation 49 CFR Part 382, the South Carolina Workers' Compensation Premium Reduction Act and the equal protection, search and seizure, and due process provisions of the U.S. Constitution.

Drivers whose job duties require them to possess a valid Commercial Drivers License (CDL) and perform safety-sensitive functions regulated by a DOT Agency Regulation are subject to the DOT testing regulations. With regard to those employees covered by DOT regulations, federal regulations shall be considered as preempting any inconsistent state or local laws or regulations.

The purpose of this policy is to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by drivers of commercial motor vehicles covered by this policy.

An employee whose conduct violates this substance abuse policy will be subject to discipline in conformity with applicable state or local laws and regulations, as well as any other applicable written agreements or guidelines, up to and including employment termination.

CRWSP believes that the benefits derived from the policy objectives outweigh the potential inconvenience to employees, and CRWSP earnestly solicits the understanding and cooperation of all employees in implementing this policy.

Catawba River Water Supply Project

YOUR RIGHTS UNDER THE SOUTH CAROLINA PREGNANCY ACCOMMODATIONS ACT

The SC Pregnancy Accommodations Act is intended to protect employees by combating pregnancy discrimination, promoting public health, and ensuring full and equal participation for women in the labor force by requiring employers to provide reasonable accommodations to employees for medical needs arising from pregnancy, childbirth, or related medical conditions.

It is an unlawful employment practice for an employer:

- ☐ to fail or refuse to hire, bar, discharge from employment, or otherwise discriminate against an individual with respect to the individual's compensation or terms, conditions, or privileges of employment because of the individual's race, religion, color, sex, age, national origin, or disability;
- ☐ to limit, segregate, or classify employees or applicants for employment in a way which would deprive or tend to deprive an individual of employment opportunities, or otherwise adversely affect the individual's status as an employee, because of the individual's race, color, religion, sex, age, national origin, or disability;
- ☐ to reduce the wage rate of an employee in order to comply with the provisions of this chapter relating to age;
- ☐ to fail or refuse to make reasonable accommodations for medical needs arising from pregnancy, childbirth, or related medical conditions of an applicant for employment or an employee, unless the employer can demonstrate that the accommodation would impose an undue hardship on the operation of the business of the employer;
- ☐ to deny employment opportunities to a job applicant or employee, if the denial is based on the need of the employer to make reasonable accommodations to the known limitations for medical needs arising from pregnancy, childbirth, or related medical conditions of an applicant for employment or an employee;
- ☐ to require an applicant for employment or an employee affected by pregnancy, childbirth, or related medical conditions to accept an accommodation that the applicant or employee chooses not to accept, if the applicant or employee does not have a known limitation related to pregnancy, or if the accommodation is unnecessary for the applicant or employee to perform the essential duties of her job;
- ☐ to require an employee to take leave under any leave law or policy of the employer if another reasonable accommodation can be provided to the known limitations for medical needs arising from pregnancy, childbirth, or related medical conditions;
- ☐ to take adverse action against an employee in the terms, conditions, or privileges of employment for requesting or using a reasonable accommodation to the known limitations for medical needs arising from pregnancy, childbirth, or related medical conditions; or
- ☐ to deny an accommodation request for any documented condition unless it would cause the employer undue hardship.

It is the employee's responsibility to request an accommodation for pregnancy or pregnancy related conditions, or any other condition. The employer may need to verify the condition and your restrictions with your provider. Some examples of accommodations you can request include: reduced or modified work schedules; reassignment to a vacant position if the employee cannot perform the essential functions of her regular position; adjustment or modification of workspace; more frequent or longer break periods; providing more frequent bathroom breaks; providing a private place, other than a bathroom stall for the purpose of expressing milk; modifying food or drink policy; providing seating or allowing the employee to sit more frequently if the job requires the employee to stand; providing assistance with manual labor and limits on lifting; temporarily transferring the employee to a less strenuous or hazardous vacant position, if qualified; providing job restructuring or light duty, if available; acquiring or modifying equipment or devices necessary for performing essential job functions; however, the employer is not required to do the previous, unless the employer does or would do so for other employees or classes of employees that need a reasonable accommodation. Please see Management to request an accommodation or to seek clarification of your rights under this law.