

DATE \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT - UTILITY

The Southwestern Pennsylvania Water Authority is an equal opportunity employer. Federal and State laws prohibit discrimination in employment practices based on race, color, religion, sex, age, disability or national origin.

1. LEGAL NAME \_\_\_\_\_  
  LAST   FIRST   MIDDLE

2. POSITION APPLIED FOR: **UTILITY WORKER**

3. PRESENT ADDRESS \_\_\_\_\_  
  STREET   CITY   STATE   ZIP

4. TELEPHONE NUMBER (     ) \_\_\_\_\_ ALTERNATE NUMBER (     ) \_\_\_\_\_

5. ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? \_\_\_\_\_

6. STATE ANY HOURS AND/OR DAYS THAT YOU ARE NOT AVAILABLE TO WORK \_\_\_\_\_

7. IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK? \_\_\_\_\_

8. ARE YOU 18 YEARS OF AGE OR OLDER? YES \_\_\_ NO \_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

9. CIRCLE HIGHEST GRADE COMPLETED:     HIGH SCHOOL 1 2 3 4                         COLLEGE 1 2 3 4

NAME AND COMPLETE STREET ADDRESS OF SCHOOLS AND INSTITUTIONS			GRADE LEVEL COMPLETED	DEGREE OR COURSES	DATE GRADUATED
HIGH SCHOOL					
COLLEGE	FROM	TO			
OTHER	FROM	TO			

### 10. PROFESSIONAL LICENSES AND/OR CERTIFICATES:

TYPE	STATE ISSUED	DATE	NUMBER

11. ARE YOU AWARE OF ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB OR JOBS YOU ARE APPLYING FOR WITH OR WITHOUT REASONABLE ACCOMMODATIONS?  
\_\_\_\_\_

12. WOULD YOU HAVE ADEQUATE TRANSPORTATION TO YOUR JOB \_\_\_\_\_

13. ABILITY TO RUN MACHINERY? YES \_\_\_ NO \_\_\_ IF YES, LIST TYPE(S) \_\_\_\_\_

**Previous work experience. Give a complete record of all employment during the past five (5) years. Start with the most recent employment.**

<b>FROM:</b>	<b>TO:</b>	<b>POSITION HELD</b>	<b>SALARY</b>
<b>SUPERVISOR:</b>		<b>REASON FOR LEAVING</b>	
<b>EMPLOYER NAME /ADDRESS</b>			<b>TELEPHONE</b>
<b>FROM:</b>	<b>TO:</b>	<b>POSITION HELD</b>	<b>SALARY</b>
<b>SUPERVISOR:</b>		<b>REASON FOR LEAVING</b>	
<b>EMPLOYER NAME /ADDRESS</b>			<b>TELEPHONE</b>
<b>FROM:</b>	<b>TO:</b>	<b>POSITION HELD</b>	<b>SALARY</b>
<b>SUPERVISOR:</b>		<b>REASON FOR LEAVING</b>	
<b>EMPLOYER NAME /ADDRESS</b>			<b>TELEPHONE</b>

Were you previously employed by the Water Authority? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If so when? \_\_\_\_\_ Position \_\_\_\_\_

**References: Please do not list relatives or previous employers or persons you have known less than one year.** List three (3) persons who can evaluate your abilities within a working environment. Example: a former supervisor, department head, instructor or professor.

<b>FROM:</b>	<b>TO:</b>	<b>OCCUPATION</b>	<b>PHONE NO.</b>
<b>FROM:</b>	<b>TO:</b>	<b>OCCUPATION</b>	<b>PHONE NO.</b>
<b>FROM:</b>	<b>TO:</b>	<b>OCCUPATION</b>	<b>PHONE NO.</b>

Have you been convicted or pleaded guilty to a felony? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, give offense and dates: \_\_\_\_\_

I hereby acknowledge that employment, if afforded has a definite probationary' period and that I may be dismissed at any time during this period for any lawful reason at the discretion of the Southwestern Pennsylvania Water Authority. **I understand that employment is contingent on successful completion of a drug test and a physical examination.**  
 I hereby authorize investigation of any or all statements contained in this application. **I also authorize the Water Authority to conduct employment and personal reference checks.**

I fully understand that if employed by the Water Authority unless otherwise provided in a written agreement signed by an authorized representative of the Water Authority. I will be an at-will employee and that my employment may be terminated at any time for any reason. I further understand that there is no guarantee of employment for any designated term.

I hereby certified that I have read and completed this application form and fully understand all the questions and answers contained therein and that the information furnished is correct and true. I fully understand and agree that any false statement or misrepresentation contained herein will fully justify and at the option of the Water Authority may cause my dismissal from employment, regardless of the time when any statement may be found to be false or a misrepresentation.

**I understand that as a candidate for employment, I must be available to work any shifts as required**

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_