

# WILLIAMSPORT MUNICIPAL WATER AUTHORITY WILLIAMSPORT SANITARY AUTHORITY

## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

**PERSONAL BACKGROUND**

**Name** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_  

Last
First
Middle

**Present Address** \_\_\_\_\_  

Street
City
State
Zip Code

**Permanent Address** \_\_\_\_\_  

Street
City
State
Zip Code

**Phone No. ( )** \_\_\_\_\_ **Referred by** \_\_\_\_\_

**Position Applying for** \_\_\_\_\_ **Date you can start** \_\_\_\_\_ **Salary desired** \_\_\_\_\_

**Are you employed?** \_\_\_\_\_ **If so, may we inquire of your present employer?** \_\_\_\_\_

**Ever applied to this company before?** \_\_\_\_\_ **When?** \_\_\_\_\_

**Are you willing to work overtime?**      Yes     No

**U.S. Military or Naval Service** \_\_\_\_\_ **Rank** \_\_\_\_\_

**If driving is a requirement of the job for which you are applying, do you have a current valid driver's license? (If driving is a requirement of the job for which you are applying, continued employment is contingent on your maintaining a current driver's license.)**      Yes     No

**If a minor, can you produce the age/work certificate necessary to obtain employment?**      Yes     No

**Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? Verification and completion of the I-9 form must be submitted no later than three business days after date of hire.**      Yes     No

**Have you ever been convicted of a felony which is related to the functions or qualifications of the position for which you are applying? (A conviction record will not necessarily be a bar to employment.)**      Yes     No

*If so, please describe fully the felony conviction(s) listing the nature of the offense(s) and your rehabilitation since the conviction(s).*

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
High School		9 10 11 12/GED	
College		1 2 3 4	
Trade, Business or Graduate			

Specialized technical skills (i.e. computer programmer/language, equipment operation, special tools or machines used)

<b>Work Experience</b> (List below last four employers, starting with your present or last place of employment.) You may include in such history any verified work performed on a volunteer basis.					
Date Mo./Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To.					
Fr.					
To.					
Fr.					
To.					
Fr.					
To.					

**REFERENCES**

Give the names of three persons not related to you, whom you have known at least three years.

	Name & Occupation	Address	Telephone Number	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**APPLICANT'S STATEMENT**

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**APPLICATION FOR EMPLOYMENT WITH EITHER AUTHORITY WILL NOT BE ACCEPTED UNLESS:**

I certify that there are no misrepresentations, omissions, or falsifications in any of the application materials and interview responses, and that the entries made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent to this application being rejected without cause or hearing if any of the above information contains any misrepresentation or falsification or if any material information has been omitted.

I further consent to the release of the following information for purposes of a background investigation: Educational Records, Military Records, Credit Information, Criminal Conviction Records, DOT Drug Testing Program Records, Employment Records, Motor Vehicle Records, and other pertinent information which may determine suitability for employment. I have provided my Social Security Number below and understand that it will be used solely for the purpose of verification of the above information.

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
Witness Signature and Date

**Information Needed for Background Checks**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

**Current Address:**

**Prior Address (If less than two years):**

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
County