

Application For Employment

Office

Penn Township Sewage Authority

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address		City	State Zip
Telephone Number(s)			Social Security Number

Have you ever filed an application with us before?

If yes, give date

☐ Yes ☐ No

Have you ever been employed with us before?

If yes, give date

☐ Yes ☐ No

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment

☐ Yes ☐ No

On what date would you be available for work?

Are you available to work Full time:

☐ Yes ☐ No

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Have you been convicted of a felony?

Conviction will not necessarily disqualify an applicant from employment

☐ Yes ☐ No

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: _____

POSITION: _____

DATE: _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

Describe any job-related training received in the United States military:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Additional Information

Other Qualifications

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

Specialized Skills Check Skills/Equipment Operated

<input type="checkbox"/> Word	<input type="checkbox"/> Excel	Other (list):	
<input type="checkbox"/> Adobe	<input type="checkbox"/> Powerpoint	<hr/>	<hr/>
<input type="checkbox"/> Access	<input type="checkbox"/> Outlook	<hr/>	<hr/>
		<hr/>	<hr/>

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

Note of Applicants: DO NOT ANSWER THIS 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 accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

☐ YES ☐ NO

References

1.	<hr/> (Name)	<hr/> () Phone #
	<hr/> (Address)	
2.	<hr/> (Name)	<hr/> () Phone #
	<hr/> (Address)	
3.	<hr/> (Name)	<hr/> () Phone #
	<hr/> (Address)	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **"at will"** nature, which means that the Employee may resign at any time and Penn Township Sewage Authority may discharge Employee at any time with or without cause. It is further understood that is **"at will"** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Penn Township Sewage Authority.*

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

☐ Yes

☐ No

Remarks _____

INTERVIEWER

DATE

Employed

☐ Yes

☐ No

Date of Employment _____

Hourly Rate/

Job Title _____

Salary _____

Department _____

By _____

NAME AND TITLE

DATE

NOTES _____

