EMPLOYMENT APPLICATION BUTLER AREA SEWER AUTHORITY

100 Litman Road, Butler PA 16001 724-282-1978

[NOTE: THIS APPLICATION WILL ONLY BE CONSIDERED ACTIVE FOR A PERIOD OF 180 DAYS, AFTER WHICH TIME A NEW APPLICATION WILL BE REQUIRED TO BE CONSIDERED FOR EMPLOYMENT WITH THE BUTLER AREA SEWER AUTHORITY.]

PERSONAL INFORMATION

Last	ame Last First		So	ocial Security Number
Address				
Street		City	State	Zip
Telephone		<u></u>		
f under the age of 18	s, do you have a woı	rk permit, or can one	be obtained?	YesNo
Do you have a curren	t PA driver's license	e? Yes No	License Numl	ber
Conviction will not necessarily	disqualify an applicant from e	nisdemeanor in the la	·	
******	******	******	*****	******
assuring equal trea employment rega mental handic Relations Act pro	tment of all individuals and less of race, religion, ap or disability. The Agohibit discrimination on	with regard to employment color, national origin, sex e Discrimination in Employ the basis of age with resp	nt, rates of pay a , age, veteran st yment Act (ADE ect to individua	Employer. Our Policy is aimed at and all other terms and conditions tatus or non-job related physical or A) and the Pennsylvania Human alls who are over forty years of age.
EMPLOYMENT DESIR	<u>ED</u>			
Position		_ Date availa	able	
Are you currently em	ployed?	_		
Do you have a Comm	ercial Driver's Licen	se?	Class	
Do vou possoss a DEI	Certified Operator	's License? Typ	ne.	Client ID Number

EDUCATION HISTORY

Name and Location		Date of Graduation and Degree
High School		
Technical School		
College		
Describe any skills or training you feel the Auth employment.	·	isider in evaluating your qualifications for
EMPLOYMENT HISTORY		
(LIST MOST RECENT EMPLOYER FIRST)		
1. Name of Employer		
Address of Employer		
Dates of Employment (Month/Year) From		
Supervisor's Name Position and Duties		
2. Name of Employer		Phone
Address of Employer		
Dates of Employment (Month/Year) From	To	Compensation
Supervisor's Name		
Position and Duties		
Reason for Leaving		
3. Name of Employer		Phone
Address of Employer		
Dates of Employment (Month/Year) From		
Supervisor's Name		
Position and Duties		
Reason for Leaving		

REFERENCES

	sses and preferred telephone of the form at least one year. ADDRESS	numbers of three per	rsons that are not re OCCUPATION	elated to you and YEARS ACQUAINTED
1				
2				
3				
U.S. MILITARY SERVI	^ E			
	n: To:	B	ranch:	
Type of Discharge:				
	ties:			
APPLICANT'S CERTIFI	CATION			
Authority follows an ' employment at any ti	d complete to the best of my ke femployment-at-will policy for me or for any reason consister ged verbally or in writing, unle	r its non-union emplont with federal or state	oyees, and as such, r te law; this "employ	may terminate my ment-at-will"
Authority must subm	eral law prohibits the employn it satisfactory proof of employn e denial of employment.		•	•
this application, its at including but not limit release, indemnify an such information, from the review and execulauthorize the Authority ou prior to employminformation that is fal	w, I authorize the Authority to tachments and in interviews as ted to, investigations into pers d hold harmless the Authority m any and all liability which mition of the attached "Consume ty to engage a consumer reportent. I understand that this apsified or willfully omitted shall m hired, I will abide by any rule	s may be necessary in onal information, ed and any persons, cor ght result from maki er Disclosure and Aut rting firm (HireRight) plication is not a con- be sufficient cause f	n arriving at an emplucation and previou mpanies and corporang such investigation horization Form" what conduct a backgration immediate terminal corimmediate corimmediate terminal corimmediate corimme	loyment decision, semployment. I ations supplying ns; this includes nich shall round check on t, but if hired, any nation. I also
Date	Signature			

(PLEASE READ THE ABOVE CERTIFICATION STATEMENT BEFORE SIGNING)