



**EDUCATION HISTORY**

Name and Location

Date of Graduation and Degree

High School \_\_\_\_\_

Technical School \_\_\_\_\_

College \_\_\_\_\_

Describe any skills or training you feel the Authority should consider in evaluating your qualifications for employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

(LIST MOST RECENT EMPLOYER FIRST)

1. Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address of Employer \_\_\_\_\_

Dates of Employment (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_ Compensation \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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 \_\_\_\_\_ To \_\_\_\_\_ Compensation \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**REFERENCES**

List the names, addresses and preferred telephone numbers of three persons that are not related to you and whom you have known for at least one year.

|    | NAME  | ADDRESS | TELEPHONE | OCCUPATION | YEARS<br>ACQUAINTED |
|----|-------|---------|-----------|------------|---------------------|
| 1. | _____ |         |           |            |                     |
| 2. | _____ |         |           |            |                     |
| 3. | _____ |         |           |            |                     |

**U.S. MILITARY SERVICE**

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Rank and Principal Duties: \_\_\_\_\_

**APPLICANT’S CERTIFICATION**

I hereby certify that any responses given in this application for employment with the Butler Area Sewer Authority are true and complete to the best of my knowledge. I understand that the Butler Area Sewer Authority follows an “employment-at-will” policy for its non-union employees, and as such, may terminate my employment at any time or for any reason consistent with federal or state law; this “employment-at-will” policy cannot be changed verbally or in writing, unless specifically authorized in writing by the Authority Board.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired by the Authority must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in the denial of employment.

By my signature below, I authorize the Authority to conduct the investigation of all statements contained in this application, its attachments and in interviews as may be necessary in arriving at an employment decision, including but not limited to, investigations into personal information, education and previous employment. I release, indemnify and hold harmless the Authority and any persons, companies and corporations supplying such information, from any and all liability which might result from making such investigations; this includes the review and execution of the attached “Consumer Disclosure and Authorization Form” which shall authorize the Authority to engage a consumer reporting firm (HireRight) to conduct a background check on you prior to employment. I understand that this application is not a contract of employment, but if hired, any information that is falsified or willfully omitted shall be sufficient cause for immediate termination. I also understand that if I am hired, I will abide by any rules and regulations established by the Butler Area Sewer Authority.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**(PLEASE READ THE ABOVE CERTIFICATION STATEMENT BEFORE SIGNING)**