



WEST MIFFLIN SANITARY SEWER MUNICIPAL AUTHORITY

1302 Lower Bull Run Road West Mifflin, PA 15122-2902
Phone: (412) 466-6070 Fax: (412) 466-8108

APPLICATION FOR EMPLOYMENT

West Mifflin Sanitary Sewer Authority is an Equal Opportunity Employer. All qualified applications will be considered without regard to race, color, religion, national origin, ancestry, sex, non-job related disabilities or age (40 and over). All information requested on this application form is solicited for the purpose of determining abilities and skills required for proper job placement and to facilitate verification of the information requested.

Instructions: This application must be completed in its entirety. Please print in ink or type.
If, because of a disability, you need assistance in completing this application form, please notify the W.M.S.S.M.A. Administration Office, 412-466-6070.

PERSONAL INFORMATION

Name: _____ Social Security #: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Are you at least 18 years old?

If no, do you have a work permit?

Yes/ No

Are you a United States citizen or authorized to work in the United States?

Yes/ No

(Proof of citizenship or immigration status will be required upon employment.)

Have you ever filed an application with W.M.S.S.M.A.?

Yes/ No

If yes, give date _____

Have you ever been employed by W.M.S.S.M.A.?

Yes/ No

If yes, give date _____

May We contact your employer?

Yes/ No

If no, please identify someone familiar with your performance for your current employer that we may contact.

Name

Phone Number

Can you Work: Evenings? Yes/No
Nights? Yes/No
Weekends? Yes/No

EDUCATION

(List from present to past)

School / Institution	Major or Area of Study	Degree or No. of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Achievements: _____

MILITARY

Branch of Service _____
Length of Service _____
Rank at Separation _____
Reserve Requirements _____
Specialized Training _____

OTHER QUALIFICATIONS

Describe the types of equipment you are capable of operating (machines, vehicles, computers, etc.) _____

List any trade, professional or skills certificates you hold. _____

Summarize the special skills, abilities or other experiences which qualify you for this position. _____

BACKGROUND

Have you ever been convicted of a criminal offense involving dishonesty; breach of trust; offenses against children; use, possession, distribution, sale or manufacture of drugs, violence or threats of violence or use of weapons for which you have been pardoned or which has not been expunged?
Yes/ No

If yes, explain _____

EMPLOYMENT HISTORY

(List Current First)

Employer: _____

Dates Employed: From _____ To _____

Address of Employer: _____

Position: _____

Description of Duties: _____

Supervisor's Name: _____

Hourly Rate/Salary: Starting _____ Ending _____

Reason for Leaving: _____

Will this supervisor / employer give a good job reference? **Yes / No**
If no, explain _____

Were you:
Discharged or asked to resign by this employer? **Yes/ No**

Ever disciplined (given a written warning, suspended denied
a pay increase, etc..) by this employer? **Yes/ No**

Ever counseled or warned about excessive
absenteeism or tardiness by this employer? **Yes/ No**

If yes to any of the above, please explain _____

Employer: _____

Dates Employed: From _____ To _____

Address of Employer: _____

Position: _____

Description of Duties: _____

Supervisor's Name: _____

Hourly Rate/Salary: Starting _____ Ending _____

Reason for Leaving: _____

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If yes to any of the above, please explain _____

Employer: _____

Dates Employed: From _____ To _____

Address of Employer: _____

Position: _____

Description of Duties: _____

Supervisor's Name: _____

Hourly Rate/Salary: Starting _____ Ending _____

Reason for Leaving: _____

Will this supervisor / employer give a good job reference? **Yes / No**
If no, explain _____

Were you: **Yes/ No**

Discharged or asked to resign by this employer? **Yes/ No**
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If yes to any of the above, please explain _____

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Address of Employer: _____

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Ever disciplined (given a written warning, suspended denied
a pay increase, etc..) by this employer? **Yes/ No**
Ever counseled or warned about excessive
absenteeism or tardiness by this employer? **Yes/ No**
If yes to any of the above, please explain _____

REFERENCES

Please list three references other than relatives or former employers:

	Name /Address	Phone Number	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

INFORMATION

Name of friends and/or relatives employed by this organization: _____

Position held: _____

ACKNOWLEDGMENT

I hereby certify that the information contained in this application form and in any attachments listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and agree to have any of the statements checked by the W.M.S.S.M.A. unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to W.M.S.S.M.A. as well as from the use or disclosure of such information by W.M.S.S.M.A. or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

Attachments: _____

Applicant's Signature

Date