

# Lower Saucon Authority

# Application For Employment

**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 other legally protected status.**

(PLEASE PRINT)

Position(s) Applied For <b>Water / Sewer Tech: Technician II</b>	Date of Application
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement / Want Ad / Online	<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		
Phone Numbers:	Social Security Number	
E-Mail Address:		

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Are you prevented from lawfully being employed in this country because of Visa or Immigration Status?  Yes  No  
(Proof of citizenship / Immigration status will be required upon employment)

Are you available to work:  Full Time  Part Time  Temporary

On what date would you be available for work? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you been convicted of a felony in the last 7 years?  Yes  No  
(Criminal Background Check required upon employment)

If Yes, please explain:

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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

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	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Community College				
College				
Other (Describe)				

Describe any specialized training, apprenticeship, skills or on-the-job training you have which might be applicable to this position (Include Military Training)

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List professional, trade, business or civic activities and offices held which might be applicable to this position and which you would like considered as part of your overall qualifications.

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# Employment Experience

## Most Recent

1.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone Number(s)	Hourly Rate/Salary		
Job Title	Start	Final	
Reason for Leaving			

2.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone Number(s)	Hourly Rate/Salary		
Job Title	Start	Final	
Reason for Leaving			

3.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone Number(s)	Hourly Rate/Salary		
Job Title	Start	Final	
Reason for Leaving			

4.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone Number(s)	Hourly Rate/Salary		
Job Title	Start	Final	
Reason for Leaving			

# Additional Information

## Specialized Skills

Check any which apply:

PC / Computer:  Word Processing (Word, etc.)  Spreadsheet (Excel, etc.)  
 Other \_\_\_\_\_

Customer Contact Skills \_\_\_\_\_

Financial / Accounting Skills \_\_\_\_\_

Supervisory / Leadership Skills \_\_\_\_\_

Heavy Equipment Operation:  Backhoe  Loader  Excavator  Other \_\_\_\_\_

Heavy Equipment / Automotive Repair

CDL License Class \_\_\_\_

DEP Water / Sewer License \_\_\_\_\_

Welding Experience

Plumbing / Pipefitting Experience

Electrical Troubleshooting:  DC Circuits  AC Circuits  Controls

Water / Sewer Operation & Maintenance (Describe) \_\_\_\_\_

Other Skills which you feel might be applicable to the position for which you are applying:

## References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

# Applicant Statement

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

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold The Lower Saucon Authority, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

I understand that all positions are subject to a criminal background check and pre-employment physical, and that field / operations employees are required to pass a DOT drug screening and are subject to ongoing random testing per DOT regulations and LSA policy.

This application for employment shall be considered active for a period of 3 months.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment is of an "at will" nature, which means that either party, the Employee or the Authority, may terminate the employment relationship at any time with or without cause.

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 in the event of employment, I will be required to abide by all rules and regulations of the Authority.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_