

# Schuylkill County Municipal Authority

221 S. Centre Street, P.O. Box 960, Pottsville, PA 17901  
Phone: 570-622-8240 Fax: 570-622-8248



## Application for Employment

*"TO SERVE OUR SCHUYLKILL COUNTY CUSTOMERS WITH THE BEST QUALITY DRINKING WATER AND TO PROVIDE THE MOST RELIABLE WASTEWATER TREATMENT SERVICES".*

### Equal Employment Opportunity Statement

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

**ALL APPLICANTS ARE  
SUBJECT TO PRE-EMPLOYMENT  
DRUG SCREENING**

### PERSONAL INFORMATION

Date of Application			
Last Name	First	Middle	
Street Address	City	State	Zip Code
Primary Phone	Cell Phone	Email Address	
Referred By			

### EMPLOYMENT DESIRED

List Position(s) Of Interest and Circle Department (Office, Field, Water, Wastewater)	
Salary Desired	Date Available For Work
Have You Ever Applied For Employment With This Company Before? If So, When?	

## EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				LIST YEARS ATTENDED	DID YOU GRADUATE?
			1	2	3	4		
<b>HIGH SCHOOL</b>							YES <input type="checkbox"/>	
							NO <input type="checkbox"/>	
<b>COLLEGE</b>							GED <input type="checkbox"/>	
							YES <input type="checkbox"/>	
Other: (Vocational / Technical School, Graduate School, Special Courses, etc.)								
List Any Specialized Skills or Experience (i.e. Heavy Equipment, Excavator, Backhoe, Dump Truck, Snow Plow, Computer Skills (list Programs), Electrical, Mechanical, etc.).								

## LICENSES AND CERTIFICATIONS

LICENSES / CERTIFICATES	YES / NO	STATE	EXPIRATION
Driver's License	YES <input type="checkbox"/> NO <input type="checkbox"/>		
CDL	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Certified Water Operator	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Certified Wastewater Operator	YES <input type="checkbox"/> NO <input type="checkbox"/>		
List Other: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>		

**EMPLOYMENT RECORD**

Please list your last four (4) employers, beginning with the most recent first.

1	Employer:		Responsibilities:
	Address:		
	Phone:		
	From (Mo/Yr):	To (Mo/Yr):	Reason for Leaving:
	Supervisor:	Salary: \$	
	Do you grant permission to SCMA to contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
2	Employer:		Responsibilities:
	Address:		
	Phone:		
	From (Mo/Yr):	To (Mo/Yr):	Reason for Leaving:
	Supervisor:	Salary: \$	
	Do you grant permission to SCMA to contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3	Employer:		Responsibilities:
	Address:		
	Phone:		
	From (Mo/Yr):	To (Mo/Yr):	Reason for Leaving:
	Supervisor:	Salary: \$	
	Do you grant permission to SCMA to contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
4	Employer:		Responsibilities:
	Address:		
	Phone:		
	From (Mo/Yr):	To (Mo/Yr):	Reason for Leaving:
	Supervisor:	Salary: \$	
	Do you grant permission to SCMA to contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		

**REFERENCES**

Please list two (2) personal references of whom you are not related to and have known at least one (1) year.

Name	Business or Relationship	Address	Phone Number	Years Acquainted

**AUTHORIZATION**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed.

I authorize the Authority to thoroughly investigate all statements contained in my application or resume, and I authorize my references to disclose information regarding my character and general reputation to the Authority, without giving me prior notice of such disclosure. In addition, I release the Authority, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Authority. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Authority unless made in writing.**

If I am offered employment, I agree to submit to a drug screening before starting work. If employed, I also agree to submit to a drug screening at any time deemed appropriate by the Authority and as permitted by law. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory drug screening.

I understand if I am hired by this company, I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility.

I understand that filling out this application does not indicate there is a position open and does not obligate the Authority to hire. If hired, I agree to abide by all Authority work rules, policies and procedures. The Authority retains the right to revise its policies or procedures, in whole or in part, at any time.

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

**FOR OFFICE USE ONLY**

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