WESTERN WESTMORELAND MUNICIPAL AUTHORITY APPLICATION FOR EMPLOYMENT

The Western Westmoreland Municipal Authority is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, national origin, sex, age, non-job related disability, union membership and activities, military status or veteran status. All information required 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. If because of a disability you need assistance in completing this application form, or if you have questions, please notify the Assistant Secretary-Treasurer for the Authority at 724-864-0452.

		Date:
Name:		_
How many years have you lived at this addr	ress:	Telephone No. (Home): Mobile No.:
Email Address:		
Position Applied For: 1.		
2.		
Full-Time:Part-TSummer Only:Tempo		
		If yes, when and where?
Are you a United States Citizen or authorize Proof of US Citizenship or immigration sta		in the United States? Yes No No required upon an offer of employment.)
Are you 18 years old or over? Yes	No	_ (If under 18, you must furnish a work permit.)
May we contact your current employer?	Yes	No

Can you work:	Evenings Nights Weekends Holidays	Yes Yes Yes Yes	No No No No			
Are you available for	r "call-out" w	ork?	Yes	No		
Have you ever been	discharged or	asked to res	ign? No	Yes	If yes, expl	ain in full.
Have you ever been sentence for a felony crime, date, and sent	or misdemea	nor? No_	Yes	If yes, ex	xplain the offer	ontest) or imposed a nse, including the
Are you on probation	n? No	Yes	_ If yes, des	cribe in full (i	ncluding dates).
NOTE: Positive resp considered.	ponses to the	above are no	t an automatic	bar to employ	ment. All circ	umstances will be
If yes, what C If no, are you Have you had Have you had	Class and End willing to ob d any acciden d any moving	orsements: _ otain a "Class ts during the violations du	s A" CDL with past three year uring the past t	in 9 months of rs? If so, how hree years? If	f hire date? Yes many: `so, how many	s No s No s No ?? fer of employment.
MILITARY SERVIO	<u>CE RECORD</u>					
Were you in the U.S	. Armed Forc	es or Nationa	al Guard? N	lo Ye	s	
If yes, what branch? Dates of Duty: Fron Rank at Discharge: List duties in the ser	n vice including	g special train	ning:	_ To		
Are you presently in Active Inact						

EDUCATION

	Name and Address		Years	Diploma/GED and/or
	of School	Course of Study	Completed	Degree
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

Describe any specialized training, certifications, licenses, apprenticeship, skills and educational, trade or professional organizations:

JOB KNOWLEDGE AND ABILITIES

Check any of the below skills that you are proficient in:

S <u>kills</u>	Check Here	Equipment	Check Here
Mechanical Electrical Building Construction Plumbing Sanitary Sewer Work HVAC Maintenance/Repair Heavy Truck Maintenance Vehicle Maintenance Blueprint Reading Arc/TIG/MIG Welder		Chainsaw Basic Hand Tools Power Tools Air Tools Skid Loader Heavy Equipment Other (specify)	

List all types of Equipment Maintenance and Repair you have performed:

List all types of Electrical installation, maintenance and repair you have performed, including the use of specialized meters and instruments for troubleshooting:

List all types of heavy equipment operated (skid loader, excavator, dozer, etc.). Did you maintain that equipment? (Y/N):

List your computer experience, including use of specific software, specialized software and/or training (e-mail, Microsoft Word, Microsoft Excel, Antero, Operator 10, GIS, CAD, Drafting, etc.):

Other qualifications such as special skills, abilities or honors that should be considered:

LIST ALL EMPLOYMENT HELD WITHIN THE TEN (10) YEAR PERIOD PRIOR TO TODAY, BEGINNING WITH CURRENT OR MOST RECENT POSITION

EMPLOYMENT HISTORY NO. 1

Employer:	
Address:	
Job Title:	
	То
Detailed Description of Duties:	
Supervisor's Name:	Supervisor's Phone No.:
Reason for Leaving:	
Hourly Rate/Salary: Starting Ending	·
Do you expect this supervisor/employer to give a good refe If no, please explain:	
Were you: Discharged or asked to resign by this employer? Ever disciplined (given a written warning, suspende a pay increase, etc.) by this employer?	d, denied Yes No
If yes to any of the above, please explain:	
EMPLOYMENT HISTORY NO. 2	
Employer:	
Address:	
Job Title:	
Dates Employed: From	То

Detailed Description	of Duties:				
Supervisor's Name:		Superviso	or's Phone No.:		
Reason for Leaving:					
Hourly Rate/Salary:	Starting	Ending			
		o give a good reference?	Yes	No	
	asked to resign by	this employer? warning, suspended, denied	Yes	No	
-	e, etc.) by this emplo	0 1	Yes	No	
If yes to any of the ab	oove, please explain	:			
EMPLOYMENT HIS	STORY NO. 3				
Employer:					
Address:					
Job Title:					
Dates Employed:	From	То			
Detailed Description	of Duties:				
Supervisor's Name:		Superviso	or's Phone No.:		
Reason for Leaving:					
Hourly Rate/Salary:	Starting	Ending			
Do you expect this su If no, please explain:	pervisor/employer t	o give a good reference?	Yes	No	

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
If yes to any of the above, please explain:		

REFERENCES

Do not refer to casual acquaintances or relatives. Refer to three people whom you know well either personally or in business.

1.	Name:
	Address:
	Phone:
	Number of Years Known:
2.	Name:
	Address:
	Phone:
	Number of Years Known:
3.	Name:
	Address:
	Phone:
	Number of Years Known:

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for rejection of this application and/or separation from WWMA's service if I have been employed.

CERTIFICATION, AUTHORIZATION AND AGREEMENT

I certify that the information supplied by me on this application form and in my resume, if any, is true and complete and does not contain any falsifications, omissions or concealments of material fact. I authorize WWMA to investigate the truth of this information and of any other information I may supply during a preemployment interview. I further authorize every school, employer, person and agency identified by me on this form or in my resume to release any and all verifying information WWMA may solicit from it or them. I further authorize WWMA to investigate my criminal history and other aspects of my personal history, including my character and general reputation. If my application is denied in whole or in part because of information contained in a criminal history records report, WWMA will so advise me.

I hereby release all law enforcement agencies, my former employers, all educational institutions and programs and every other person identified by me on this form or in my resume from liability for any damage or injury to me arising out of the release of information requested by WWMA.

I understand and agree that WWMA's acceptance of this employment application does not constitute any promise, express or implied, that I will be hired. I further understand that WWMA does not guarantee anyone employment for any specific length of time. I therefore agree that if I am hired, my employment may be terminated by either me or by WWMA at any time without notice or cause, unless covered by a collective bargaining agreement between WWMA and a Union representing employees covered by the position for which I am applying or employed.

I further understand and agree that any offer of employment WWMA may make to me (and if I am hired, my continued employment) will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and may be contingent upon my taking and passing a physical and/or psychological examination and drug and alcohol tests. After you have been made a job offer that you accept and before beginning work, you are required to successfully complete a pre-employment physical examination, which includes screening for unlawful drug use, communicable diseases and any job-related disability that may, after reasonable accommodation, prevent you from performing the essential job duties of the job for which you are hired, without undue hardship to the Employer. The examination may also include laboratory blood tests, drug screening, and urinalysis.

I understand that no director, official, employee or representative of the Employer has the authority to make any assurances to the contrary.

I certify that I am not a party to any contract or other obligation which would limit, interfere with or restrict my ability to work for WWMA.

Date:

Signature of Applicant:

THIS APPLICATION IS VOID AFTER ONE YEAR

Western Westmoreland Municipal Authority 12441 Route 993 North Huntingdon, PA 15642