



Employment Application

Easton Suburban Water Authority

Conditions of employment are stated at the end of this form. Please read carefully *before you sign this application*. Please complete the application in full and submit an updated

Should you need assistance in completing this application or at any other stage of the hiring process, please notify us immediately.

PLEASE PRINT. USE INK.

Position Applied For _____ Date _____
Date Available for Work _____ Wage Expected _____

Personal Information

Last Name (include Sr., Jr., II, etc.)	First Name	Middle Name
Home Address	Home Phone	Business Phone
_____ () _____	() _____	_____
City, State, Zip Code	Email Address	
Alternate Contact	Relationship	Phone
_____	_____	() _____

Previous Residence-List Previous Place(s) of Residence during the Past Five Years.

Street Address	City	State.	Zip Code	From Mo/Yr to Mo/Yr
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please note our job postings are available on Zip Recruiter and Indeed, if you choose to apply online instead. These direct links can be found on our website.

If you are under the age of 18, please state your age _____. If under the age of 18, are you able to supply working papers? **Circle Yes/No**

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Are you, upon employment, able to provide genuine documentation establishing your identify and eligibility to be legally employed in the U.S.? **Circle Yes/No**
(Proof of eligibility required within three days of employment)

Have you ever pled guilty or been convicted of any crime/offense excluding speeding tickets, traffic sign violations or parking violations? **Circle Yes/No**

If yes, give date(s), locations (city and state) and type of offense. _____

Have you ever been discharged from an employment or asked to resign? **Circle Yes/No**

If yes, please explain. _____

Were you referred by an ESWA Employee? If so, please indicate the name and position of the ESWA Employee _____

Are you available to work ____ Days ____ Nights ____ Weekends ____ Full Time? If you can't work full-time, please explain _____

State Days and Hours available _____

Are you presently employed? **Yes/No** ____ If yes, may we contact your employers? **Yes/No** _____

Do you belong to any professional, trade, business, or civic organizations that deal with the position for which you are applying? **Circle Yes/No**

If yes, please explain and list offices held. (Please omit any organization that reflects your race, color, religion, age, sex, marital, or veteran status, or disabilities) _____

Are you applying for a position which you would require operation of a vehicle to perform job responsibilities which would require a valid operator's license? **Yes/No**

If yes, please provide Operator's License No. _____ State _____

Employment History – Start with your present or most recent

Company Name _____ Telephone _____

Address _____

Employed (Month and Year): From _____ To _____

Name of Supervisor _____ Weekly Pay: Start _____ Last _____

Reason for Leaving _____

Company Name _____ Telephone _____

Address _____

Employed (Month and Year): From _____ To _____

Name of Supervisor _____ Weekly Pay: Start _____ Last _____

Reason for Leaving _____

Company Name _____ Telephone _____

Address _____

Employed (Month and Year): From _____ To _____

Name of Supervisor _____ Weekly Pay: Start _____ Last _____

Reason for Leaving _____

Company Name _____ Telephone _____

Address _____

Employed (Month and Year): From _____ To _____

Name of Supervisor _____ Weekly Pay: Start _____ Last _____

Reason for Leaving _____

Company Name _____ Telephone _____

Address _____

Employed (Month and Year): From _____ To _____

Name of Supervisor _____ Weekly Pay: Start _____ Last _____

Reason for Leaving _____

Job Skills/Qualifications:

Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training

	School Name	Major Course of Study	Type of Degree
High School	_____	_____	_____
Business/Technical	_____	_____	_____
College	_____	_____	_____
Graduate School	_____	_____	_____
Other Education/Training	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
List Honor Award(s) Received		Grantor	Date
Received			

List Professional Licenses, Memberships, or Certifications			

References

Provide name, address, and telephones number of three business references not related to you.

1. _____

2. _____

3. _____

Notification and Agreement

PLEASE READ BEFORE SIGNING

- Easton Suburban Water Authority is an Equal Opportunity Employer and does not discriminate in recruiting, hiring, compensation, promotion, or other employment terms based upon race, color, religion, creed, national origin, citizenship, gender, age, disability or veteran status. The information requested in this application will be used in a nondiscriminatory manner.
- The Authority will make every effort to provide disabled applicants and employees with reasonable accommodations necessary for the performance of the essential functions of a job. Disabled employees who can no longer perform essential job functions are encouraged to advise management of the nature of their disability and which functions they can no longer perform and to suggest accommodations that they believe would enable them to perform those functions.
- In accordance with the Immigration Reform and Control Act of 1986, proof of eligibility to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.
- In accordance with our alcohol and drug abuse policies, prospective employees will be asked to submit to a drug screen or alcohol blood test. Current employees may be asked to submit to a drug screen or alcohol blood test under certain circumstances such as where there is a reasonable suspicion of substance abuse.
- After extending a conditional offer of employment, ESWA requires applicants to undergo a medical examination. All medical information obtained from applicants will be kept confidential in compliance with the Health Insurance Portability and Accountability Act.
- I understand this application will remain active for six (6) months only and that my application can only be reactivated by reapplying in person.
- I understand this application is intended for informational purposes only. I agree that, just as I have, if hired, the right to terminate my employment at any time, with or without cause and with or without notice, Easton Suburban Water Authority may terminate my employment at any time, with or without cause or notice. I understand that no manager or representative of the Authority, other than its Manager or his designee, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, or in the future. I further understand that such an agreement must be in writing and signed by the Manager with the approval of the Authority's Board of Directors for it to be binding on either the Authority or myself. I further understand that this statement supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.
- I authorize Easton Suburban Water Authority to conduct a complete criminal record check and driving record check, if applicable, in accordance with the Fair Credit Reporting Act.
- I authorize and request any/or all previous employers to release to the Authority any information regarding my previous employment including but not limited to my performance, attendance record, reason for separation or any information requested relative to employment.
- I authorize and request any/or all educational institutions to release to the Authority any information regarding my enrollment including but not limited to transcripts, degrees conferred, dates of attendance or any information requested relative to education.

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on this application (or any other accompanying or required documents) may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

I acknowledge that I have read and understand each of the above statements.

Signature

Date

Guardian/Preparer/Translator: If this application for employment is prepared by someone other than the applicant, the information below is to be completed:

I attest that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Guardian/Preparer/Translator's Signature

Title

Date