

If you are under age 18, please state your age_____. If under age 18, are you able to supply working papers? 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 identity and eligibility to be legally employed in the U.S.? 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? Yes/No
If yes, give date(s), locations (city and state) and types of offense.

How were you referred_____

Have you ever been discharged from any employment or asked to resign? Yes/No
If yes, please explain

Are you available to work __Days __Nights __Weekends __Full-time? If you cannot 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? Yes/No If yes, please explain and list offices held. (Omit any organization that reflects your race, color, religion, age, sex, marital or veteran status, or disabilities.)

Are you applying for a position which would require operation of a vehicle to perform job responsibilities which would require a valid operator's license? Yes/No If yes, Give Operator's License No._____State _____

EMPLOYMENT HISTORY-Start with your present or most recent employer

Company Name

Telephone

Address

Employed (Month and year)

Name of Supervisor

From To

Weekly pay

Start Last

State job title and describe your work

Reason for leaving

Company Name

Telephone

Address

Employed (Month and year)

Name of Supervisor

From To

Weekly Pay

Start Last

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Telephone

Address

Employed (Month and year)

Name of Supervisor

From To

Weekly Pay

Start Last

Start job title and describe your work

Reason for leaving

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

Give name, address, and telephone number of three business references not related to you.

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