

**TO THE APPLICANT**

- 1) Fill out Application
- 2) Voluntary Survey - (To be completed at applicant's discretion)
- 3) Return application to:  
BRADFORD SANITARY AUTHORITY  
28 Kennedy Street  
Bradford, PA 16701  
Phone: 814-368-6254

# APPLICATION FOR EMPLOYMENT

Bradford Sanitary Authority

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability or other legally protected status.

(PLEASE PRINT)

Position Applied For: _____	Date of Application: _____
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How Did You Learn About Us?					
_____ Advertisement	_____ Friend	_____ Walk-In			
_____ Employment Agency	_____ Relative	_____ Other	_____		

Last Name _____	First Name _____	Middle Name _____
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Address	Number	Street	City	State	Zip Code
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Telephone Number (s) _____	Social Security Number ____ - ____ - ____
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- |   |     |            |    |
|---|-----|------------|----|
| If you are under 18 years of age, can you provide required proof of your eligibility to work?.....  |     | Circle One |    |
|   | Yes |            | No |
| Have you ever filed an application with us before?.....   |     |            |    |
| If Yes, give date _____   | Yes |            | No |
| Have you ever been employed with us before?.....  |     |            |    |
| If Yes, give date _____   | Yes |            | No |
| Are you currently employed?.....  | Yes |            | No |
| May we contact your present employer?.....  | Yes |            | No |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?<br>Proof of citizenship or immigration status will be required upon employment.... |     |            |    |
|   | Yes |            | No |

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

Are you available to work: (Circle One) Full Time Part Time Shift Work Temporary

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

Can you travel if a job requires it?..... Yes No

# Education

	Elementary School					High School				Undergraduate College/University				Graduate/ Profession			
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
 You may exclude memberships which would reveal sex, race, religion, national origin, ancestry, or handicap or other protected status:


### References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Have you ever had any job-related training in the United States military?                      Yes                      No

If yes, please describe \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1) Employer	Dates Employed From      To	Work Performed
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		

2) Employer	Dates Employed From      To	Work Performed
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		

3) Employer	Dates Employed From      To	Work Performed
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		

4) Employer	Dates Employed From      To	Work Performed
Address		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications (Summarize special job-related skills and qualification)

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# Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employer may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL USE ONLY

Arrange Interview

Yes

No

Remarks \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed

Yes

No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Hourly Rate/

Salary \_\_\_\_\_

Department \_\_\_\_\_

BY \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

NOTES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, and other legally protected status.

As an employer with An Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

## VOLUNTARY SURVEY

Please print

\_\_\_\_\_ Date

Government agencies at times require periodic reports on the sex, ethnicity, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name:		
Address:		
City	State:	Zip:
Social Security No.:		

Current Job:		
Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Veteran
Check One of the Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander