

<p style="text-align: center;"><b>EMPLOYMENT APPLICATION</b></p> <p style="text-align: center;">North Wales Water Authority</p> <p style="text-align: center;">An Equal Opportunity Employer</p> <p>The North Wales Water Authority does not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, mental or physical disability.</p>	OFFICE USE ONLY	
	POSITION	
	File:	Test
	REJECTED:	
	NOTICE TO TEST	
	(1)	
(2)		
(3)		
RESULTS		
(1)		
(2)		
(3)		

**READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM:**

- 1 If any pertinent questions are not answered, this application will be rejected.
2. If you do not meet the minimum training and experience qualifications for the position applied for, this application will be rejected.
3. Application must be signed to be accepted, and returned to the NWWA 200 W Walnut St PO BOx 1339 North Wales PA 19454
- 4 If you intentionally make any false statements or material omissions, this application will be rejected.

NAME (Last, First, Middle Initial)—indicate any former names under which you worked or are known.	ADDRESS	(City)	(State)	(Zip)
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SOCIAL SECURITY NUMBER LAST 4 DIGITS ONLY	HOME PHONE	CELL PHONE
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POSITION APPLIED FOR	SALARY DESIRED
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WERE YOU EVER EMPLOYED BY NORTH WALES WATER AUTHORITY? <input type="checkbox"/> No <input type="checkbox"/> Yes    Dates: _____ Dept: _____	FOREIGN LANGUAGES SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/>
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RELATIVES EMPLOYED BY NORTH WALES WATER AUTHORITY:

<p>Have you ever been convicted of an offense (including military offenses) other than a minor traffic violation? (Do not include convictions while a juvenile nor convictions sealed by Court order.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please state nature of offense(s), date(s), city and state, and disposition. A conviction record is not an automatic bar to employment and the nature, recency and disposition of an offense will be considered.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Have you ever been dismissed for inefficiency, delinquency, or misconduct, or been permitted to resign to avoid dismissal?</p> <p>If yes, explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please provide license, registration, or certification information required for the position you are seeking. Also indicate whether such license, registration, or certification is currently active.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>YES</p> <p>NO</p>
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<p>May we contact your present employer for information? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
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**READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW**

I certify that the statements made by me on BOTH SIDES of this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that if I knowingly omit or make any misstatement of facts I am subject to disqualification or dismissal and to such other penalties as may be prescribed by law, ordinance, or Personnel Policies. If I am hired, I understand I am being hired as an "at will employee" of the North Wales Water Authority. In the event that there is a need for a reduction in force, for any reason, I understand that I may be subject to lay off. I further understand that if there is a lay off I shall not be entitled to displace other court employees solely because of seniority.

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

EDUCATION	SCHOOL (Circle highest grade completed)												(Circle full academic years of college completed)							
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8
	NAME OF SCHOOL	CITY/STATE	SHOW D - Day N - Night	DID YOU GRADUATE		NO. OF CREDITS REC'D			TYPE DEGREE REC'D	MAJOR COURSE STUDY										
				Yes	No	Semester Hours	or	Qtr. Hours			or	Course Credits								
Elementary																				
High School																				
College, University or Professional School																				
Other Training or School																				

**EXPERIENCE:** Describe your duties fully. If you held several different positions with the same employer, list each separately. Begin with the MOST RECENT employment and work backward consecutively. If you need more space, list in the same format on blank 8½ x 11 sheets.

LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS	CITY AND STATE
From: Mo. _____ Yr. _____			
To: Mo. _____ Yr. _____	TYPE OF BUSINESS	YOUR TITLE	NAME & TITLE OF IMMEDIATE SUPERVISOR
SALARY OR WAGE	DUTIES: Describe the nature of the work PERSONALLY performed by you with estimated PERCENTAGE OF TIME on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.		
Starting _____ per _____			
Final _____ per _____			
TOTAL HRS. PER WEEK			
REASON FOR LEAVING			
LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS	CITY AND STATE
From: Mo. _____ Yr. _____			
To: Mo. _____ Yr. _____	TYPE OF BUSINESS	YOUR TITLE	NAME & TITLE OF IMMEDIATE SUPERVISOR
SALARY OR WAGE	DUTIES: Describe the nature of the work PERSONALLY performed by you with estimated PERCENTAGE OF TIME on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.		
Starting _____ per _____			
Final _____ per _____			
TOTAL HRS. PER WEEK			
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SALARY OR WAGE	DUTIES: Describe the nature of the work PERSONALLY performed by you with estimated PERCENTAGE OF TIME on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.		
Starting _____ per _____			
Final _____ per _____			
TOTAL HRS. PER WEEK			
REASON FOR LEAVING			

**EXPERIENCE (LIST ANY ADDITIONAL WORK EXPERIENCE OR VOLUNTEER WORK - ACCOUNT FOR ALL TIME SINCE SCHOOL)**

DATE (Mo. & Year)		NAME OF EMPLOYER	ADDRESS	YOUR TITLE	YOUR SALARY	REASON FOR LEAVING
From	To					

4. Type of Work Desired (please indicate **one** preference as appropriate)

- a.  Administrative
- b.  Professional
- c.  Technical
- d.  Office/Clerical
- e.  Skilled Craft
- f.  Service/Maintenance

5. Applied to the North Wales Water Authority in Response to:

- a.  Advertisement \_\_\_\_\_  
*(Name of publication/newspaper/TV/radio station)*
- b.  Pennsylvania Employment Service
- c.  Community or Professional Organization or Agency
- d.  Referred by a NWWA employee
- e.  Other \_\_\_\_\_

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I certify that the above information is true and correct. (Please print legibly)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street) (Apt. No.)*

\_\_\_\_\_ *(Town) (State) (Zip Code)*

\_\_\_\_\_  
*(Signature)*