

SLIPPERY ROCK MUNICIPAL AUTHORITY

Employment Application

ATTN: Human Resources
116 Crestview Rd., P.O. Box 157
Slippery Rock, PA 16057-0157
www.srmaws.com

APPLICANT INFORMATION			
Last Name: _____	First: _____	M.I.: ____	Date: _____
Street Address: _____		Apartment/Unit #: _____	
City: _____	State: _____	ZIP: _____	
Phone: _____	E-mail Address: _____		
Date Available: _____	: _____	Desired Salary: _____	
Position Applied for: _____			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____
Have you ever plead guilty to or been convicted of a felony, misdemeanor, or a summary offense (a non-traffic related offense)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain _____
Have you ever been convicted of traffic offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain _____

EDUCATION				
High School: _____	Address: _____			
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____
College: _____	Address _____			
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____
Other: _____	Address: _____			
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____

REFERENCES	
<i>Please list three professional references.</i>	
Full Name: _____	Relationship: _____
Company: _____	Phone: (____) _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: (____) _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: (____) _____
Address: _____	

SLIPPERY ROCK MUNICIPAL AUTHORITY

Employment Application

Last Name: _____	First: _____	M.I.: ____	Date: _____
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PREVIOUS EMPLOYMENT

Company: _____		Phone: (____) _____	
Address: _____		Supervisor: _____	
Job Title: _____	Starting Salary \$ _____	Ending Salary \$ _____	
Responsibilities: _____			
From: _____	To: _____	Reason for Leaving: _____	

May we contact your previous supervisor for a reference? YES NO

Company: _____		Phone: (____) _____	
Address: _____		Supervisor: _____	
Job Title: _____	Starting Salary \$ _____	Ending Salary \$ _____	
Responsibilities: _____			
From: _____	To: _____	Reason for Leaving: _____	

May we contact your previous supervisor for a reference? YES NO

Company: _____		Phone: (____) _____	
Address: _____		Supervisor: _____	
Job Title: _____	Starting Salary \$ _____	Ending Salary \$ _____	
Responsibilities: _____			
From: _____	To: _____	Reason for Leaving: _____	

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____	From: _____	To: _____
Rank at Discharge: _____	Type of Discharge: _____	
If other than honorable, explain: _____		

ACKNOWLEDGEMENT AND SIGNATURE

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

I authorize authority representative to contact my prior employers and authorize such employers to release all information related to such previous employment to Slippery Rock Municipal Authority.

Signature _____	Date: _____
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EQUAL EMPLOYMENT OPPORTUNITY FORM

Applicant Information

Full Name:				
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:				<i>Apartment/Unit #</i>
	<i>Street Address</i>			
			<i>State</i>	<i>ZIP Code</i>
	<i>City</i>			
Home Phone:	()			
Position Applied for:				

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

Gender

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Military Service

- | | |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

How did you hear about this position?

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Other | | |