

South Delaware County Regional Water Authority  
**Application For Employment**

SDCRWA is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

## Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

## Education

School Name	Location	Years Attended	Degree Received	Major

## References

Name	Title	Company	Phone

## Employment History

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (4)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
<b>Employer (5)</b>	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

## Signature Disclaimer

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 release.

Name (Please Print)	Signature
Date	

APPLICANT ACKNOWLEDGEMENT:

All of the answers I have given in this application are true and correct. If employed, I realize any false information on this application will be grounds for dismissal. I am in agreement with and acknowledge the following:

1. I agree to undergo any medical evaluation, including any blood, urine, saliva or other drug screening test, as may be required by the South Delaware County Regional Water Authority. I understand an offer of employment may be revoked or my employment may be terminated for failure to meet any medical evaluation requirements, including drug screening, established by the Authority.

2. If employed, I agree to comply with all policies, procedures, rules and regulations, and to wear or use protective clothing or equipment as required by the Authority.

3. I certify that all statements made in connection with my seeking employment with the Authority, including statements on this application or any other document submitted as part of the employment process, are true and are without any misrepresentation or omission. I further understand and agree that any misrepresentation or omission made by me on this application or any other document submitted, as part of the employment process will be grounds for my immediate discharge from employment or termination of the application process.

4. I hereby agree that, if employed, I will not divulge and confidential Authority information to third parties while employed, or at anytime after my employment with the Authority.

5. I understand and agree that if the Authority employs me, my employment will be "at will." I understand that my employment will not be guaranteed for any time period and may be terminated by the Authority or me at any time for any reason. I do not have a contract of employment with the Authority. I understand that no written contract of employment will be offered to me unless authorized in writing by the South Delaware County Regional Water Authority Board of Directors and legal counsel.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Signature and date required)