## **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 <i>F</i>	Address:						
Date Available:			: Des				sired Salary:			
Position Applied for:										
Are you a citizen of the United Sta	tes? YES 🗌	N	0 🗆	If no, ar	е ус	ou authorized to v	vork in the U.	S.? YES NO		
Have you ever worked for this aut	hority? YES	N	0 🗆	If so, w	hen <sup>-</sup>	?				
Have you ever plead guilty to or b convicted of a felony, misdemeand summary offense (a non-traffic rel offense)?	or, or a	N	0 🗆	If yes, e	expla	ain				
Have you ever been convicted of t offense?	raffic YES 🗌	N	0 🗆	If yes, e	expla	ain				
EDUCATION										
High School:		A	ddress:							
From: To:	Did you graduate?		ES 🗌	NO 🗆		Degree:				
College:	, ,		ddress							
From: To:	Did you graduate?		ES 🗆	NO 🗆		Degree:				
Other:	, <b>, ,</b>		ddress:							
From: To:	Did you graduate?		ES 🗌	NO 🗌		Degree:				
	, ,									
REFERENCES										
Please list three professional refer						#!				
Full Name:						•				
Company:					Phor	ne: () _				
Address:										
Full Name:						·				
Company:					Phor	ne: () _				
Address:										
Full Name:										
Company:					Phor	ne: ()_				
Address:										

## **SLIPPERY ROCK MUNICIPAL AUTHORITY**

**Employment Application** 

Last Name:		First:			M.I.:	Date:			
PREVIOUS EMPLOYMENT									
Company:			Phone: (_	) _					
Address:									
Job Title:		Starting Salary				\$			
Responsibilities:									
From: To: Re	ason for Leaving:								
May we contact your previous supervisor	for a reference?	YES	NO 🗆						
Company:		Phone: (_	) _						
Address:									
Job Title:		Starting Salary				\$			
Responsibilities:	Responsibilities:								
From: To: Reason for Leaving:  May we contact your previous supervisor for a reference? YES \( \square\) NO \( \square\)									
Company:	Company: Phone: ()								
	Address: Supervisor:								
Job Title:		Starting Salary				\$			
Responsibilities:									
From: To: Re	ason for Leaving:								
May we contact your previous supervisor for a reference? YES NO									
, , , , , , , , , , , , , , , , , , , ,									
MILITARY SERVICE									
Branch:		From:	To	D:					
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				- I	Date:				

## **SLIPPERY ROCK MUNICIPAL AUTHORITY**

ATTN: Human Resources 116 CRESTVIEW RD., P.O. Box 157 Slippery Rock, PA 16057-0157

**EQUAL EMPLOYMENT OPPORTUNITY FORM** 

Full Name:  Last  Address:  Street Address  Apartment/  City  Position Applied for:  Voluntary Information  This information is being requested in accordance with federal regulations. The information is voluntary and not be used when considering you for employment with our company.  Racial or Ethnic Group  American Indian/Alaskan  Asian/Pacific Islander  Black/African American  White/Caucasian  Other  Gender  Female  Male  Military Service  Pre-Vietnam Era  Vietnam Era  Disabled Veteran  How did you hear about this position?  Company Employee  Professional Publication  Placement Office  Web Site	Applica	nt Information		-				
Address:    Street Address	Full Name:							
Street Address		Last				irst	M.I.	
City   State   ZIP Code	Address:							
Home Phone: ( )  Position Applied for:  Voluntary Information  This information is being requested in accordance with federal regulations. The information is voluntary and not be used when considering you for employment with our company.  Racial or Ethnic Group  American Indian/Alaskan		Street Address					Apartment/Unit #	
Home Phone: ( )  Position Applied for:  Voluntary Information  This information is being requested in accordance with federal regulations. The information is voluntary and not be used when considering you for employment with our company.  Racial or Ethnic Group  American Indian/Alaskan								
Voluntary Information  This information is being requested in accordance with federal regulations. The information is voluntary and not be used when considering you for employment with our company.  Racial or Ethnic Group  American Indian/Alaskan		City				State	ZIP Code	
Voluntary Information  This information is being requested in accordance with federal regulations. The information is voluntary and not be used when considering you for employment with our company.  Racial or Ethnic Group  American Indian/Alaskan	Home Phone	e: ()						
Voluntary Information  This information is being requested in accordance with federal regulations. The information is voluntary and not be used when considering you for employment with our company.  Racial or Ethnic Group  American Indian/Alaskan	Danitian Ann	lia d fam.						
This information is being requested in accordance with federal regulations. The information is voluntary and not be used when considering you for employment with our company.    Racial or Ethnic Group	osition App	ilea for:						
Racial or Ethnic Group  American Indian/Alaskan	Volunta	ary Information						
Racial or Ethnic Group  American Indian/Alaskan	This informa	ation is beina reques	sted in	accordance with federal req	ulation	ns. The information is	s voluntary and will	
American Indian/Alaskan							o resumenty and min	
Hispanic/Latino	Racial or Et	hnic Group						
Gender  Female	Americ	American Indian/Alaskan			Black/African Ameri	can		
Female	☐ Hispan	] Hispanic/Latino     White/Caucasian		White/Caucasian		Other		
Female								
Military Service  Pre-Vietnam Era  Post-Vietnam Era  Disabled Veteran  How did you hear about this position?  Newspaper  Company Employee  Professional Publication	Gender			I				
□ Pre-Vietnam Era □ Vietnam Era   □ Post-Vietnam Era □ Disabled Veteran    How did you hear about this position?  □ Newspaper □ Company Employee □ Professional Publication	Female	e		Male				
□     Pre-Vietnam Era     □     Vietnam Era       □     Post-Vietnam Era     □     Disabled Veteran       How did you hear about this position?       □     Newspaper     □     Company Employee     □     Professional Publication								
☐ Post-Vietnam Era     ☐ Disabled Veteran       How did you hear about this position?       ☐ Newspaper     ☐ Company Employee     ☐ Professional Publication	Military Serv	vice						
How did you hear about this position?  Newspaper	☐ Pre-Vie	Pre-Vietnam Era						
How did you hear about this position?  Newspaper	□ Post-V	Post-Vietnam Fra						
□     Newspaper     □     Company Employee     □     Professional Publication		iotham Era		Disabled Votorall				
	How did you	ı hear about this po	sition	?				
☐ Job Fair ☐ Placement Office ☐ Web Site	Newsp	] Newspaper □ Company Emplo		Company Employee		Professional Publication	ation	
	Job Fa	ir	☐ Placement Office			Web Site		
Other				,		,		