



Pittsburgh
Water & Sewer
Authority

An Equal Opportunity Employer

EMPLOYMENT APPLICATION* (Please Print)

APPLICATION FOR POSITION OF _____

PERSONAL INFORMATION

NAME: (LAST, FIRST, MIDDLE INITIAL)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER DAY (____) _____ EVENING (____) _____	EMAIL ADDRESS	REFERRED BY	

1. Are you currently employed by any other Authority or governmental agency? _____

If Yes, where? _____

2. List names of all your relatives who are working for the PWSA or any other City agency.

Name	Relationship	Agency

3. Are your employment, education, or military records under another name? _____

If yes, give name _____
Last First (M.I.)

4. Did you serve in the Armed Forces of the United States? ____ Yes ____ No

If yes: Serial No. _____ Entrance Date _____ Separation Date _____

Branch _____ Type of Discharge _____

*Except as explicitly provided, employees of the Pittsburgh Water and Sewer Authority must be residents of the City of Pittsburgh at the time of hiring and must maintain residency through the term of employment.

5. Do you have a disability which may require assistance/accommodation during the selection process? Yes No

If yes, what assistance or accommodation is required?

6. EDUCATION	SCHOOL NAME CITY AND STATE	# YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES DEGREES
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
LICENSES AND CERTIFICATIONS				
OTHER SKILLS				

How did you learn about this position?

- Employee bulletin board
 Employee
 Referral
 Newspaper Ad
 Internet
 Other

I understand (please check and initial each box):

- All applicants are subject to a background check and pre-employment drug test prior to appointment. _____
 Routine physical exams may be required for certain positions covered by bargaining unit agreement. _____

PERIODS OF EMPLOYMENT

Describe your work experience in detail beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work. If applicable, indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1. Name of Present or Last Employer:

Address _____ Phone No: (_____)

Your Job Title: _____ Supervisor _____

From: _____ / _____ / _____ TO: _____ / _____ / _____ Hours Per Wk: _____

Duties and Responsibilities:

Reason for Leaving: _____

2. Name of Present or Last Employer:

Address _____ Phone No: (_____)

Your Job Title: _____ Supervisor _____

From: _____ / _____ / _____ TO: _____ / _____ / _____ Hours Per Wk: _____

Duties and Responsibilities:

Reason for Leaving: _____

3. Name of Present or Last Employer:

Address: _____ Phone No: (_____)

Your Job Title: _____ Supervisor _____

From: _____ / _____ / _____ TO: _____ / _____ / _____ Hours Per Wk: _____

Duties and Responsibilities:

Reason for Leaving: _____

4. Name of Present or Last Employer:

Address _____ Phone No: (_____)

Your Job Title: _____ Supervisor _____

From: _____ / _____ / _____ TO: _____ / _____ / _____ Hours Per Wk: _____

Duties and Responsibilities:

Reason for Leaving: _____

5. Name of Present or Last Employer:

Address _____ Phone No: (_____)

Your Job Title: _____ Supervisor _____

From: _____ / _____ / _____ TO: _____ / _____ / _____ Hours Per Wk: _____

Duties and Responsibilities:

Reason for Leaving: _____

6. Name of Present or Last Employer:

Address _____ Phone No: (_____)

Your Job Title: _____ Supervisor _____

From: _____ / _____ / _____ TO: _____ / _____ / _____ Hours Per Wk: _____

Duties and Responsibilities:

Reason for Leaving: _____

DO NOT WRITE IN THIS BOX – TO BE COMPLETED BY PWSA HR STAFF

Driver's License Address _____

Operator's No. _____ **Expiration Date** _____

Class _____ **Verified By** _____

I hereby swear (or affirm) that this application and personal data forms contain no misrepresentation or falsifications, omissions or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge. I am aware that all statements made by me on this application are subject to later investigation. I am aware that should such investigation at any time disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and if already employed, I may be dismissed from my position, and I am subject to prosecution.

I authorize the Pittsburgh Water and Sewer Authority to investigate and verify any information contained in my application for employment including, but not limited to prior work and education records, criminal history, medical information, etc.

I further authorize any past or present employer, any law enforcement agency, any physician or hospital or any school to release any and all information about me contained in their records to the Pittsburgh Water and Sewer Authority.

I hereby release any past or present employer, any law-enforcement agency, any physician or hospital or any school, and any and all of their employees from any liability in furnishing such information to the Pittsburgh Water and Sewer Authority.

Applicant's Signature _____

Date _____