



WEST MIFFLIN SANITARY SEWER & STORMWATER AUTHORITY

www.wmsssa.org

1302 LOWER BULL RUN ROAD
WEST MIFFLIN PA, 15122

PHONE: (412)-466-6070 FAX: (412)-466-8108

Application For Employment

West Mifflin Sanitary Sewer & Stormwater Authority is an Equal Opportunity Employer. All qualified applications will be considered without regard to race, color, religion, national origin, ancestry, sex, non-job-related disabilities or age (40 and over). All information requested on this application form is solicited for the purpose of determining abilities and skills required for proper job placement and to facilitate verification of the information requested.

Instructions: This application must be completed in its entirety. Please print in ink or type.

If, because of a disability, you need assistance in completing this application form, please notify the W.M.S.S.A. Administration Office, 412-466-6070.

Personal Information

Name: _____
(Last) (First) (Middle Initial)

Social Security #: _____ Date of Application: _____

Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Are you at least 18 years old? Yes / No

Are you a United States citizen or authorized to work in the United States? (Proof of citizenship or immigration status will be required upon employment.) Yes / No

Have you ever filed an application with W.M.S.S.A.? Yes / No
If yes, give date _____

Have you ever been employed by W.M.S.S.A.? Yes / No
If yes, give date _____

May we contact your current or former employer?

Yes / No

If no, please identify someone familiar with your performance for your current employer that we may contact.

(Name)

(Phone Number)

Can you Work: Evenings? **Yes / No** Nights? **Yes / No** Weekends? **Yes / No**

Education

School / Institution

Major / Area of Study

Degree / Number of Years

Achievements:

Military

Branch of Service: _____

Length of Service: _____

Rank at Separation: _____

Reserve Requirements: _____

Specialized Training: _____

Employment History

(List Current / Most Recent First)

1. Employer: _____

Dates Employed: From _____ To _____

Address of Employer: _____

Position: _____

Description of Duties: _____

Supervisors Name: _____

Hourly Rate / Salary: Starting: _____ Ending: _____

Reason for Leaving: _____

Will this supervisor / employer give a good reference? **Yes / No**

If no, explain; _____

Where you:

Discharged or asked to resign by this employer? **Yes / No**

Ever disciplined (given a warning, suspended, denied a pay increase, etc...) by this employer? **Yes / No**

Ever warned about excessive absenteeism or tardiness by this employer? **Yes / No**

If yes to any of the above questions, please explain: _____

2. Employer: _____

Dates Employed: From _____ To _____

Address of Employer: _____

Position: _____

Description of Duties: _____

Supervisors Name: _____

Hourly Rate / Salary: Starting: _____ Ending: _____

Reason for Leaving: _____

Will this supervisor / employer give a good reference? **Yes / No**

If no, explain; _____

Where you:

Discharged or asked to resign by this employer? **Yes / No**

Ever disciplined (given a warning, suspended, denied a pay increase, etc...) by this employer? **Yes / No**

Ever warned about excessive absenteeism or tardiness by this employer? **Yes / No**

If yes to any of the above questions, please explain: _____

Other Qualifications

Describe the types of equipment you are capable of operating (machines, vehicles, computers, etc.)

List any trade, professional or skills certificates you hold.

Summarize the special skills, abilities or other experiences which qualify you for this position.

References

Please list three references other than relatives or former employers:

Name/Address

Phone Number

Relationship

(1) _____

(2) _____

(3) _____

Information

Name of friends and/or relatives employed by this organization: _____

Position Held: _____

Background

Have you ever been convicted of a felony or misdemeanor?

Yes / No

If yes, explain:

Do you give WMSSSA consent to perform a criminal back ground check? **Yes / No**

Authorizers Signature

Date

Do you give WMSSSA consent to perform a driver's license check?

Yes / No

If yes please provide driver's license number: _____

Authorizers Signature

Date

If yes to both above questions, please provide your date of birth: _____

Acknowledgement

I hereby certify that the above information is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on my part of the facts in this application may result in immediate dismissal.

I hereby authorize W.M.S.S.A. to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

Applicant's Signature

Date