

# HAMPTON SHALER WATER AUTHORITY (HSWA)

412-486-4867

info@HamptonShalerWater.gov

## Employment Application

Welcome! We're excited that you're interested in joining our team. Working in the water utility field is more than just a job; it's a vital service that protects public health, ensures community safety, and supports environmental stewardship. Every member of our team plays an important role in delivering clean, safe, and reliable drinking water to the public. We're committed to building a respectful, rewarding workplace, and we look forward to learning more about you.

## Personal Information

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date Available to begin work: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Are you at least 18 years of age?  Yes  No

## Position & Availability

Position(s) Applied For (check all that apply):

Distribution Utility Worker

Serviceman

Plant Operator

Office / Customer Service

Part-time Meter Reader

Other: \_\_\_\_\_

Are you seeking:  Full-Time  Part-Time  Either

Are you willing and able to work:

Regularly scheduled overtime?  Yes  No

Unscheduled overtime?  Yes  No

## Licensing & Certifications

Do you currently hold a valid Pennsylvania driver's license?  Yes  No

Do you currently hold a valid CDL-A license with air brake endorsement?  Yes  No – but willing to obtain, if required

Do you currently hold a PA DEP Water System Operator Certification (please list class & subclass):

Class: \_\_\_\_\_ Subclasses: \_\_\_\_\_  No – but willing to obtain, if required

👉 Please attach a copy of any water licenses you currently hold.

Other licenses/certifications: \_\_\_\_\_

## Education

High School: \_\_\_\_\_

Diploma/GED:  Yes  No

Trade School: \_\_\_\_\_

Certificate: \_\_\_\_\_

College: \_\_\_\_\_

Degree: \_\_\_\_\_

Other Training/Skills: \_\_\_\_\_

## Employment History (begin with most recent)

1. Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Last Rate \$ \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your current/most recent employer?  Yes  No

2. Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Last Rate \$ \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Last Rate \$ \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## References

Professional References (2 required):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Reference (non-family; 1 required):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Applicant Statement

I certify that the information provided in this application is true and complete. I understand that false or misleading information may result in disqualification or termination of employment. (\_\_\_\_ initial)

I authorize HSWA to contact former employers, references, and educational institutions to verify the information provided.

I understand that employment with HSWA is at-will, meaning that either HSWA or I may terminate employment at any time, with or without cause or notice, subject to applicable law. Some positions are covered by a Union contract and follow the collective bargaining agreement after successful completion of the probationary period.

I further acknowledge that any offer of employment will be contingent upon successfully passing a pre-employment physical and a drug screen. I understand that as a water utility employee, I must remain free from drugs and controlled substances, including marijuana, regardless of medical marijuana authorization. A Criminal History Background Check is required for Operator Licensure.

HSWA is an Equal Opportunity Employer. Applicants are considered without regard to race, color, religion, sex, sexual orientation, national origin, disability, veteran status, or any other protected status under federal, state, or local law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HSWA Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_