

# The Municipal Authority of the City of Sunbury

Date Application Filed (office use only): \_\_\_\_\_

462 South 4th STREET • SUNBURY, PA 17801 • 570-286-5858  
SEWER • WATER • SOLID WASTE • RECYCLING • FLOOD CONTROL  
**EMPLOYMENT APPLICATION**

The Sunbury Municipal Authority is an equal opportunity employer. Federal and state laws prohibit discrimination in employment because of race, color, religion, ancestry, age, sex, national origin, or non-job related handicap or disability. No question on this application is asked for the purpose of limiting or excluding any applicants from consideration for employment because of his or her race, color, religion, ancestry, age, sex, national origin, or non-job related handicap or disability.

LAST NAME	FIRST	MIDDLE
PRESENT ADDRESS	CITY	STATE
	ZIP	TELEPHONE NO.
BEST TIME TO CONTACT YOU: _____ AM / PM		TELEPHONE NO. (Secondary)

POSITION OF INTEREST - List Department (Only one position per application.)	SALARY DESIRED:
HOW WERE YOU REFERRED TO THIS AGENCY?	ARE YOU APPLYING FOR: FULL-TIME <input type="checkbox"/>
	SUMMER HELP <input type="checkbox"/> PART-TIME <input type="checkbox"/>
RELATIVES OR FRIENDS EMPLOYED IN THIS AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/> DEPARTMENT:	DATE AVAILABLE FOR WORK:
HAVE YOU EVER BEEN EMPLOYED BY THIS AGENCY? ARE YOU 18 YEARS or OLDER YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	WOULD YOU CONSIDER WORKING:
HAVE YOU BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/>	WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/>
A felony conviction does not automatically disqualify you from employment.	ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>	ANY SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS:	

**PERSONAL**

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER: Business College, other special Courses (Include Special Military Training)

LIST BUSINESS OR INDUSTRIAL EQUIPMENT OPERATED:

AREA OF SPECIALIZATION OR MAJOR INTEREST:

**EDUCATION/SKILLS**

## PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY:  LICENSED  CERTIFIED (Plant Operator, Confined Space Safety/Rescue, Herbicide Application, CDL, etc.)

IF LICENSED OR CERTIFIED	TYPE	ISSUING AGENCY	DATE	NO.
	TYPE	ISSUING AGENCY	DATE	NO.
	TYPE	ISSUING AGENCY	DATE	NO.

Did you serve in the U.S. Armed Services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What Branch?
Have you volunteered your time or services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where?
Briefly describe duties and skills acquired through volunteer or military service: (include dates)			

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY <small>Hourly, Monthly or Yearly</small>
JOB TITLE: _____				
EMPLOYER NAME: _____	PHONE : _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

JOB TITLE: _____				
EMPLOYER NAME: _____	PHONE : _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

JOB TITLE: _____				
EMPLOYER NAME: _____	PHONE : _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

PLEASE LIST TWO **WORK** REFERENCES:

Name/Title	Relationship	Firm	Daytime Phone

PLEASE LIST TWO **PERSONAL** REFERENCES:

Name/Title	Relationship	Firm	Daytime Phone

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that any information provided, either written or verbal, is true and correct to the best of my knowledge, and hereby grant the Sunbury Municipal Authority permission to verify such answers. I give permission to obtain criminal history & motor vehicle driving records in connection with employment. I understand that I may be required to satisfactorily complete an alcohol/drug screening as a condition of employment. I understand that the discovery of any misrepresentation or omission of facts herein will be sufficient cause for rejection of this application or for immediate dismissal if such discovery occurs subsequent to employment. I agree to conform to the rules and regulations of the Authority. I understand that my employment may be terminated, at any time, at the option of either the Authority or myself. I further understand that no management representative has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. If employed, I consent to any medical examination required by the Authority at any time to determine my ability to perform the duties of my job or other jobs with the Authority and I understand that my employment may be conditioned upon satisfactorily passing a physical examination. I understand the Authority has a No Smoking policy and I agree to comply with its requirements.

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

PREVIOUS EXPERIENCE

REFERENCES

SIGNATURE