



Reading Area Water Authority  
 1801 Kutztown Road  
 Reading, PA 19604  
 Telephone: 610-406-6300  
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 Email: [HR@ReadingAreaWater.com](mailto:HR@ReadingAreaWater.com)  
 Website: [www.readingareawater.com](http://www.readingareawater.com)

### APPLICATION FOR EMPLOYMENT

No question on this application is intended to be discriminatory under any applicable Federal, State, or Local fair Employment Practices Law.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume.)

Application MUST be filled out by the applicant.

#### PERSONAL INFORMATION

Last Name	First Name	Initial	Today's Date
Address – No. and Street		City State Zip	Email Address
Telephone Numbers: Primary: _____ Alternate: _____		Are you 18 Years or Older? ____Yes ____No	

#### DESIRED EMPLOYMENT & WORK AVAILABILITY

Position Applying for:	Date you are available:	Desired Salary:
Are you employed now? ____Yes ____No If so, May we contact your current employer? ____Yes ____No	Are you available to work weekends? ____Yes ____No Are you available to work overtime? ____Yes ____No	
Desired Work: ____Full Time ____Part Time	If Hired: Can you present evidence of your legal right to work in the U.S.? ____Yes ____No Would you have a reliable means of transportation to and from work? ____Yes ____No	
Can you travel, if required by this position? ____ Yes ____No		
Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with this company? ____ Yes ____No If yes, please explain: _____		
Do you have any relatives who are presently or formerly employed by the Reading Area Water Authority? ____ Yes ____No If yes, name of relative: _____		
Do you have a current Water Treatment license? ____ Yes ____No if yes, please list State, Class, Type and Expiration Date: _____		
How did you hear about us? ____Walk In ____Ad for Job Opening (Name) _____ ____Employment agency ____Unemployment Office ____Employee (Name) _____		

#### PERFORMANCE OF ESSENTIAL JOB FUNCTIONS

Are you able to perform the essential functions of the job which you are applying, with or without reasonable accommodation? ____Yes ____No (If no, describe the functions that cannot be performed and your recommendation for a reasonable accommodation.)
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## EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE / DIPLOMA
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational / Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Information and/or Certificates				

## FORMER EMPLOYERS

Name of Present or Last Employer			
Address		Phone Number	
Job Title	Start Date	End Date	
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Wage \$                      Per	Final Wage \$                      Per	
Supervisor (Name & Title)	Reason For Leaving		
Description of Job Duties			
Name of Previous Employer			
Address		Phone Number	
Job Title	Start Date	End Date	
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Wage \$                      Per	Final Wage \$                      Per	
Supervisor (Name & Title)	Reason For Leaving		
Description of Job Duties			
Name of Previous Employer			
Address		Phone Number	
Job Title	Start Date	End Date	
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Wage \$                      Per	Final Wage \$                      Per	
Supervisor (Name & Title)	Reason For Leaving		
Description of Job Duties			

Name of Previous Employer		
Address		Phone Number
Job Title	Start Date	End Date
May we contact your supervisor? ___Yes ___No	Starting Wage \$                      Per	Final Wage \$                      Per
Supervisor (Name & Title)	Reason For Leaving	
Description of Job Duties		

Name of Previous Employer		
Address		Phone Number
Job Title	Start Date	End Date
May we contact your supervisor? ___Yes ___No	Starting Wage \$                      Per	Final Wage \$                      Per
Supervisor (Name & Title)	Reason For Leaving	
Description of Job Duties		

Note: We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

Employer's Name: \_\_\_\_\_ Reason: \_\_\_\_\_

**PROFESSIONAL REFERENCES:**

Provide three (3) professional references, not related to you, who have know you for at least one (1) year.

Name	Title	Company	Telephone	Years Associated

**MILITARY SERVICE**

Special skills or abilities as the result of service in the military.
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CERTIFICATION, NOTIFICATION, AUTHORIZATION & AGREEMENT – ***Read and initial*** each paragraph, then sign below:

\_\_\_\_\_ TRUTHFULLNESS OF APPLICATION: I certify that the information contained in this application or additional attachments are true and correct to the best of my knowledge, and I understand that any false or misleading statements or material omissions whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment. I further agree that RAWA shall not be liable in any respect if my employment is terminated because of said false statements, misrepresentations or omission of facts connected with this application.

\_\_\_\_\_ AUTHORIZATION TO INVESTIGATE: I consent to and authorize RAWA to investigate all statements and information contained in this application for the purpose to verify the information contained in my application. I authorize any former employer, person, firm, corporation, school, government agency or other entity to provide RAWA with any information of any sort they may have regarding me. In consideration of the company's review of this application, **I release the company (RAWA) and all providers of any information from any liability as a result of furnishing and receiving this information.**

\_\_\_\_\_ POLICIES & GUIDELINES: If hired by RAWA, I agree to abide by the guidelines and the policies of the company. If employed, I agree to hold in strictest confidence any information concerning the RAWA, which may come to my knowledge. I also agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the RAWA. I understand this decision is to rest with the RAWA. Although RAWA makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I understand and agree to these conditions if I am employed.

\_\_\_\_\_ AT-WILL RELATIONSHIP: I understand and agree that if I am offered employment with the Company it will be on an "at-will" basis if hired for a managerial and confidential position. This means that either I or the Company can terminate the employment relationship at any time for any reason, with or without cause. I further understand that the "at-will" nature of my employment with the Company is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of the Company. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.

\_\_\_\_\_ UNION MEMBERSHIP: Pennsylvania state law permits the American Federation of State, County, and Municipal Employees (AFSCME), AFL-CIO to represent all rank and file and professional employees in one bargaining unit (Local 2763E). Managerial and confidential employees are not permitted to be included in these bargaining units. If you are eligible for representation by AFSCME, after your probation period of 180 days, you are encouraged to review your applicable collective bargaining agreement (CBA) which sets forth certain terms and conditions of your employment with RAWA. During the first 180 days you will be considered an at will employee.

\_\_\_\_\_ EQUAL OPPORTUNITY EMPLOYER: I understand RAWA is an equal opportunity employer.

Questions regarding the above statements should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

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