

Franklin Township Municipal Sanitary Authority

3001 Meadowbrook Road
Murrysville, PA 15668-1627

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> On-Call <input type="checkbox"/>
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied to FTMSA before, if yes when? <input type="checkbox"/> Yes <input type="checkbox"/> No Date		
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No
If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

License, Certificate or Registration	Number	Where Issued	Expiration Date
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)	
Address			
Job Title	Number Employees Supervised	To (Month/Year)	
Specific Duties (Maximum 1000 characters)		Hours Per Week	
		Last Salary	
		Supervisor	
		Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)	
Address			
Job Title	Number Employees Supervised	To (Month/Year)	
Specific Duties (Maximum 1000 characters)		Hours Per Week	
		Last Salary	
		Supervisor	
		Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)	
Address			
Job Title	Number Employees Supervised	To (Month/Year)	
Specific Duties (Maximum 1000 characters)		Hours Per Week	
		Supervisor	
		Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Name	Address	Business	Years Acquainted

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments:
