

# SPRING-BENNER-WALKER JOINT AUTHORITY

170 Irish Hollow Road  
Bellefonte, PA 16823  
(814) 355-4778  
Fax (814) 355-1599  
[www.sbwja.com](http://www.sbwja.com)

## APPLICATION FOR EMPLOYMENT

Position Applied For: \_\_\_\_\_

Date \_\_\_\_\_

Name

Address

Telephone

Social Security Number

Have you ever been convicted of any crime, including traffic violations?  
*If yes, please describe.*

Yes

No

*Please understand that a criminal conviction does not constitute an automatic bar to employment unless the conviction relates to an applicant's suitability for employment in the position for which he or she has applied.*

### EDUCATION

	School Name	Years Completed	Diploma/Degree	Course of Study
High School Attended		9 10 11 12		
College/Technical School		1 2 3 4 5		

### EXTRA CURRICULAR ACTIVITIES, INTERESTS, AND SKILLS

Describe any extra curricular activities.

### SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience. Also, describe office equipment or tools of the trade you are familiar with that apply to the position you seek.

Do you have a Commercial Driver's License?

Yes

Class "A"

Class "B"

No

## PHYSICAL RECORD

Do you have any physical defects that preclude you from performing any work for which you are being considered?

Were you ever injured?

Have you any defects in hearing?

In Vision?

In Speech?

In Case of  
Emergency Notify:

Name

Address

Phone #

## PRESENT AND FORMER EMPLOYERS

*List Below the Last Four Employers, Starting with the Most Recent.*

Date Month/Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

## REFERENCES

*Give below the names of three persons, not related to you,  
whom you have known at least one year.*

Name	Address/Phone Number	Business	Years Known
1			
2			
3			

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American Disabilities Act and other relevant Federal and State laws.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer, and that the Employer reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_