CATAWISSA WATER AUTHORITY

Employment Application

1. NAME _____
   (First) (Middle) (Last)

2. PRESENT ADDRESS_____

   _____

3. PREVIOUS ADDRESS_____

   _____

4. TELEPHONE #_____ ALTERNATE PHONE #_____

5. ARE YOU UNDER THE AGE OF 18? YES_____NO_____

6. ARE YOU LEGALLY QUALIFIED FOR WORK IN THE U.S.? YES_____ NO_____

7. DO YOU HAVE A VALID PA DRIVER'S LICENSE? YES_____ NO_____

8. PLEASE LIST ANY RELATIVE CURRENTLY WORKING FOR US:

   _____

9. HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES_____ NO

   IF YES, PLEASE EXPLAIN_____

   _____

   _____

   _____

POSITION

10. POSITION APPLYING FOR:_____

11. LIST ALL SKILLS, EXPERIENCES, TRAINING, INCLUDING COMPUTER PROGRAMS AND LEVEL OF KNOWLEDGE, ETC. THAT YOU BELIEVE QUALIFIES YOU FOR THE POSITION:

_____

_____

_____

_____

_____

_____

12. ARE YOU A VETERAN? _____. IF YES, DESCRIBE YOUR JOB TRAINING: _____

_____

_____

13. ARE YOU ABLE TO BE BONDED?

YES_____ NO

14. WOULD YOU HAVE AN ISSUE WITH DRUG TESTING AS A CONDITION OF HIRE, OR RANDOM DRUG TESTING?_____

EDUCATION

	NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DEGREE RECEIVED	SUBJECTS STUDIED
High School				
College				
Other				

WORK EXPERIENCE

PLEASE DESCRIBE ALL PRESENT AND PREVIOUS EMPLOYMENT EXPERIENCES BEGINNING WITH THE PRESENT OR MOST RECENT. IF MORE SPACE IS NEEDED, ATTACH AN 8 ½ X 11" SHEET OF PAPER.

1. EMPLOYER_____POSITION_____

ADDRESS_____ CONTACT_____

LENGTH OF EMPLOYMENT: FROM - MO._____YR._____ TO - MO._____YR._____

JOB DUTIES_____

_____

REASON FOR LEAVING_____

MAY WE CONTACT THIS EMPLOYER? YES_____NO_____ PHONE #_____

2. EMPLOYER_____POSITION_____

ADDRESS_____ CONTACT_____

LENGTH OF EMPLOYMENT: FROM - MO._____YR._____ TO - MO._____YR._____

JOB DUTIES_____

_____

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? YES_____ NO_____ PHONE #_____

3. EMPLOYER_____POSITION_____

ADDRESS_____ CONTACT_____

LENGTH OF EMPLOYMENT: FROM - MO._____YR._____ TO - MO._____YR._____

JOB DUTIES_____

_____

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? YES_____ NO_____ PHONE #_____

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION?_____

IF YES, PROVIDE DETAILS:_____

_____

WHAT IS YOUR MINIMUM HOURLY WAGE REQUIREMENT? _____

REFERENCES

LIST THREE PERSONS NOT RELATED TO YOU AND NOT LISTED ABOVE WHOM WE MAY CONTACT FOR REFERENCE CONCERNING YOUR BACKGROUND AND CHARACTER.

	NAME	OCCUPATION	ADDRESS	PHONE #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

YOU MAY ATTACH YOUR RESUMÉ TO THIS APPICATION

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

COMMENTS:

_____

_____

_____

I CERTIFY THAT ALL STATEMENTS AND INFORMATION PROVIDED BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT IF ANY STATEMENT OR INFORMATION IS FOUND NOT TO BE TRUE, ACCURATE OR COMPLETE, I MAY BE DISQUALIFIED OR DISMISSED FROM THE POSITION.

_____ _____

Signature of Applicant Date

This application and any other information submitted by the applicant will remain confidential to the Catawissa Water Authority.
All employees of the Catawissa Water Authority are at-will employees.
The Catawissa Water Authority is an equal opportunity employer.

RETURN APPLICATION BY: 1:00 p.m., November 4, 2026 - BY EITHER:

MAILING TO:

CATAWISSA WATER AUTHORITY
P. O. BOX 54
CATAWISSA, PA 17820

DROP-OFF AT:

CATAWISSA WATER AUTHORITY
19 SCHOOLHOUSE ROAD
CATAWISSA, PA 17820

6 a.m. - 4 p.m.
Monday – Friday
Thursday, 11/4/26 until 1 pm

E-MAIL:

catwat@ptd.net

Submit with a read receipt