WATER & WASTEWATER INTERNSHIP PROGRAM APPLICATION

*Internship Application Revision 2/2023*

Submit By [Email](mailto:WWIP@mtmsa.org)

\*\*\*Please submit your application by March 31, 2023.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | |
| Last Name |  | | | First | |  | | | | M.I. | | Date |  |
| Street Address |  | | | | | | | | | Apartment/Unit # | | |  |
| City |  | | | State | | | |  | | ZIP |  | | |
| Phone |  | | | E-mail Address | | | |  | | | | | |
| Dates Available |  | | | | | | | | | | | | |
| Are you legally eligible to work in the United States? | | | YES | NO | | | | | | | | | |
| Have you ever worked for this company? | | | YES | NO | | If so, when? | | |  | | | | |
|  | | |  |  | |  | | |  | | | | |
|  | | | | | | | | | | | | | |
| **EDUCATION** | | | | | | | | | | | | | |
| High School |  | | | Address | |  | | | | | | | |
| Did you graduate? | YES | NO | Study Concentration | |  | | | | | | | | |
| College |  | | | Address | |  | | | | | | | |
| Did you graduate? | YES | NO | Degree |  | | | | | | | | | |
| Other |  | | | Address | |  | | | | | | | |
| Did you graduate? | YES | NO | Degree |  | | | | | | | | | |
|  |  |  |  |  | | | | | | | | | |
| **REFERENCES** | | | | | | | | | | | | | |
| *Please list three professional or employment references. (If you are still in school, feel free to use a teacher as a reference)* | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | | | | |  |  |
| Company |  | | | | | | Phone | | |  | | | |
| Address |  | | | | | | Relationship | | |  | | | |
| Full Name |  | | | | | | | | | | | | |  |
| Company |  | | | | | | Phone | | |  | | | |
| Address |  | | | | | | Relationship | | |  | | | |
| Full Name |  | | | | | | | | | | | | |  |
| Company |  | | | | | | Phone | | |  | | | |
| Address |  | | | | | | Relationship | | |  | | | |
|  |  | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WORK HISTORY** | | | | | |
| Company | | | | Phone | |
| Address | | | | Supervisor | |
| Job Title | | | | | |
| Employment Responsibilities | | | | | |
| From | To | Reason for Leaving | | | |
| May we contact your previous employer for a reference? | | | YES | NO |  |
| Company | | | | Phone | |
| Address | | | | Supervisor | |
| Job Title | | | | | |
| Employment Responsibilities | | | | | |
| From | To | Reason for Leaving | | | |
| May we contact your previous employer for a reference? | | | YES | NO |  |
| Company | | | | Phone | |
| Address | | | | Supervisor | |
| Job Title | | | | | |
| Employment Responsibilities | | | | | |
| From | To | Reason for Leaving | | | |
| May we contact your previous employer for a reference? | | | YES | NO |  |
|  | | | | | |
| **MILITARY SERVICE** | | | | | |
| Branch | | | | | |
| Rank at Discharge | | | | | Type of Discharge |
| Honors: | | | | | |
|  | | | | | |
| **ACKNOWLEDGEMENTS AND SIGNATURE** | | | | | |
| I certify that my answers to the above are both accurate and complete to the best of my knowledge.  I understand and agree that if a conditional offer of employment is proffered, additional information, criminal history, substance use and abuse testing, driving records, and/or additional background investigations may be required, according to the position being considered. If this application leads to employment, I understand that providing false or misleading information during the application or interview process may result in the termination of employment at any future date.  Printed Name: | | | | | |
| Signature: |  |  |  |  | Date: |

PLEASE TYPE OR PRINT LEGIBLY, RETURING THIS APPLICATION TO:

MTMSA Attn Sharon Tucker 1001 Stump Road, Montgomeryville, PA 18936 or

[WWIP@mtmsa.org](mailto:WWIP@mtmsa.org)

Submit By [Email](mailto:WWIP@mtmsa.org)