WATER & WASTEWATER INTERNSHIP PROGRAM APPLICATION

*Internship Application Revision 2/2023*

 Submit By Email

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

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| **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 |  |
|  |  |

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| --- |
| **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

Submit By Email