



# Job Bank Advertisement Form

Email, fax or mail this form with your ad and payment to:

PWEA ~ P.O. Box 3367 ~ Gettysburg, PA 17325-7362  
717-642-9508 FAX ~~~ [pwea@pwea.org](mailto:pwea@pwea.org) ~~~ 717-642-9500 OFFICE

The Job Bank is a **member-only** benefit, which is distributed on the first business day of each month by email or fax. Members can also access the job listings by signing into their account online at [www.pwea.org](http://www.pwea.org). Persons searching for a new career and employers seeking qualified candidates are encouraged to participate in this program. The **Job Bank** provides a targeted, economical, and time-responsive service connecting industry professionals with current employment opportunities in the wastewater/water industry and associated businesses.

Ads need be submitted along with payment by check or credit card to the PWEA office **by the 25<sup>th</sup> of the month** in order for the ad to be issued. Prices indicated are **per ad** and are for a one-time distribution of your ad. **An electronic file of your ad should be emailed to [pwea@pwea.org](mailto:pwea@pwea.org)**. Ads to sell personal property will not be accepted. Ads are restricted to non-commercial purposes. The Pennsylvania Water Environment Association reserves the right to reject ads it deems unsuitable.

AD LENGTH	JOB CANDIDATE (PWEA Member)	JOB CANDIDATE (Non-Member)	EMPLOYER (At least one employee is a PWEA Member)	EMPLOYER (With no employee who is a PWEA Member)
50 words or less	\$10	\$20	\$60	\$70
51-100 words	\$20	\$40	\$120	\$140
101-150 words	\$30	\$60	\$180	\$210
151-200 words	\$40	\$80	\$240	\$280
201-250 words	\$50	\$100	\$300	\$350
251-300 words	\$60	\$120	\$360	\$420

Date: \_\_\_\_\_ PWEA Member Name: \_\_\_\_\_

Contact name for questions about ad: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

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**PAYMENT INFORMATION:**

- Individual seeking employment
- Employer with job opening
- Member Rate \$ \_\_\_\_\_
- Non-Member Rate \$ \_\_\_\_\_
- Check Enclosed (payable to PWEA)
- VISA       MasterCard

Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_ 3 or 4 digit code from back of card: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Billing address (if different than above): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_