

Employment Application

Lower Township
Municipal Utilities Authority
2900 Bayshore Road
Villas, New Jersey 08204
P: (609) 886-7146
F: (609) 886-4487
www.ltmua.org

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For: Date of Application:

How did you learn about us?:

Advertisement Relative Inquiry Employment Agency

Friend Other

Last Name: First Name: Middle:

Address: City, State, Zip:

Telephone Number(s): Social Security Number:

Best time to contact you at home is:

If you are under 18 years of age, can you provide required proof of your eligibility to work?: Yes No

Have you ever filed an application with us before?: Yes No

If Yes, give date:

Have you ever been employed with us before?: Yes No

If Yes, give date:

Do any of your friends or relatives, other than spouse, work here?: Yes No

Are you currently employed?: Yes No

May we contact your present employer?: Yes No

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Date available for work: Desired salary range:

Are you available to work: Full Time Part Time Temporary
Please indicate shift: One Two Three
Please indicate preference: Mornings Afternoons Evenings
Please indicate dates available: - to -

Are you currently on "lay-off" status and subject to recall?: Yes No

Can you travel if a job requires it?: Yes No

Have you been convicted of a felony within the last five years?: Yes No

(A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.)

LOWER TOWNSHIP MUA IS AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer Name and Address	Dates Employed		Work Performed
	<input type="text"/>	From	To	
	Telephone Number(s)	Reason for Leaving	Hourly Rate/Salary	
	<input type="text"/>	<input type="text"/>	Starting Final	
	Job Title	Supervisor	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	Employer Name and Address	Dates Employed		Work Performed
	<input type="text"/>	From	To	
	Telephone Number(s)	Reason for Leaving	Hourly Rate/Salary	
	<input type="text"/>	<input type="text"/>	Starting Final	
	Job Title	Supervisor	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Employer Name and Address	Dates Employed		Work Performed
	<input type="text"/>	From	To	
	Telephone Number(s)	Reason for Leaving	Hourly Rate/Salary	
	<input type="text"/>	<input type="text"/>	Starting Final	
	Job Title	Supervisor	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	Employer Name and Address	Dates Employed		Work Performed
	<input type="text"/>	From	To	
	Telephone Number(s)	Reason for Leaving	Hourly Rate/Salary	
	<input type="text"/>	<input type="text"/>	Starting Final	
	Job Title	Supervisor	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills / Equipment Operated

Other Computer System

Backhoe

Other Equipment

Microsoft Windows XP

Please explain:

Loader

Please explain:

Microsoft Word or similar

Dump Truck

Microsoft Excel or similar

Forklift

Microsoft Access or similar

Jetter

Edmunds MCSJ or similar

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or position for which you are applying?

Yes

No

Do you have a valid New Jersey Drivers License?

Yes

No

Do you have a valid New Jersey CDL License?

Yes

No

Drivers License Number:

Expiration Date:

Class:

Endorsements:

References

1. Name:

Telephone:

Address:

2. Name:

Telephone:

Address:

3. Name:

Telephone:

Address:

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 application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 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.

Signature of Applicant

Date

PERSONNEL DEPARTMENT USE ONLY

Date Application Received:

Arrange Interview?: Yes No

Date and Time of Interview:

Position Considered For:

Salary Considered:

Date Available to Start:

Notes / Remarks: