

Employment Application

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.

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

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

Please indicate shift:

☐ One

☐ Two

☐ Three

☐ Part Time

Please indicate preference:

☐ Mornings

☐ Afternoons

☐ Evenings

☐ Temporary

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

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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:

☐ Microsoft Word or similar

☐ Microsoft Excel or similar

☐ Microsoft Access or similar

☐ Edmunds MCSJ or similar

☐ Loader

☐ Dump Truck

☐ Forklift

☐ Jetter

Please explain:

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:

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