

Hackettstown Municipal Utilities Authority
424 Hurley Drive, PO Box 450
Hackettstown, NJ 07840-0450
908-852-3622

Date: _____

APPLICATION FOR EMPLOYMENT

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	How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____
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Last Name	First Name	Middle Name
Address <i>Number</i> <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Telephone Number(s)	Email Address	Social Security Number

Best time & place to contact you is::..... AM
PM

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 this Country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

Do you possess a current driver's license? Yes No

Do you possess a current Commercial driver's license? ... Yes No

Please list any endorsements: _____

Date available for work ____/____/____ What is your desired salary range? _____

- Are you available for work:
- Full-Time
 - Part-Time
 - Temporary
 - Weekends
 - Emergency Response

Are you currently on layoff status and subject to recall? Yes No

**The Hackettstown Municipal Utilities Authority is an
Equal Opportunity Employer M/F**

EMPLOYMENT HISTORY: This section must be completed even if you attach a resume. List your last four employers or major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked "Comments".

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		

Job Title #5	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		

Comments:

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

<p>List any professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i></p> <hr/> <hr/> <hr/> <hr/>
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ADDITIONAL INFORMATION: Summarize special job-related skills and qualifications acquired from employment or other experience.

EDUCATION:

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

LANGUAGES: List any foreign languages you know and indicate your level of proficiency.

Language	Speak Some	Speak Fluently	Read	Write

SPECIAL SKILLS & EXPERIENCE: State any special skills, experience, training, apprenticeship, licenses, certifications, extra-curricular activities or other factors that make you especially qualified for the position for which you are applying.

ADDITIONAL INFORMATION: State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES:

1.	_____ ()	_____
	(Name)	Phone #

	(Address)	
2.	_____ ()	_____
	(Name)	Phone #

	(Address)	
3.	_____ ()	_____
	(Name)	Phone #

	(Address)	

UNDERSTANDINGS AND AGREEMENTS: As an applicant for a position with the Hackettstown Municipal Utilities Authority, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Authority later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Authority the right to investigate the information I have provided and talk with former employers (except where I have indicated they may not be contacted). I give the Authority the right to secure additional job-related information about me. I release the Authority and its representatives from all liability for seeking such information. I understand that the Authority is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Authority will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Authority may terminate me at any time in accordance with its established policies and procedures. No representatives of the Authority may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks.

Applicant's Signature _____ Date: _____

CONDITIONS OF EMPLOYMENT: Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. *For your application to be considered, you must sign and date below.*

Applicant's Signature _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Positions(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No

Date of Employment _____

Job Title _____

Hourly Rate/
Salary _____

Department _____

By _____

NAME AND TITLE

DATE