

APPLICATION FOR EMPLOYMENT

THE SOUTHEAST MORRIS COUNTY
MUNICIPAL UTILITIES AUTHORITY
19 SADDLE ROAD
CEDAR KNOLLS, NJ 07927
P. 973-326-6880 / F. 973-326-9521
WWW.SMCMUA.ORG

SMCMUA considers 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.

(FORM MUST BE TYPED AND FILLED OUT IN ITS ENTIRETY – NO BLANK SPACES)

Position(s) Applied For		Date of Application		
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 _____		
First Name	Middle Name	Last Name		
Street Address	City	State	Zip Code	
Telephone Number(s)	E-mail Address			

Best time to contact you at home is::_____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? (Check here if not applicable.) 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

Date available for work: ____/____/____

Are you available to work: Full-Time
 Part-Time (please indicate: Morning Afternoon Evening)
 Temporary (please indicate dates available: ____/____/____ - ____/____/____)

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

Can you travel if a job requires it? Yes No

Do you have a valid New Jersey Driver's License? Yes No

If Yes, specify type of New Jersey Driver's License: Basic Commercial (If Commercial, specify Class. _____)

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College* Attach Transcripts Confirm attachment <input type="checkbox"/>				
Graduate (Professional)* Attach Transcripts Confirm attachment <input type="checkbox"/>				
Other (Specify)				

**If a non-US degree, applicant must attach US accreditation information. Confirm attachment*

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		Dates Employed		Work Performed
			From	To	
	Address				
			Hours per Week		
	Telephone Number(s)				
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
			Hours per Week		
	Telephone Number(s)				
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
			Hours per Week		
	Telephone Number(s)				
Job Title		Supervisor			
Reason for Leaving					

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

List profession, 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 from employment or other experience.)

Information Technology (Check skills/equipment operated.)

<input type="checkbox"/> PC/MAC <input type="checkbox"/> MS PowerPoint	Other (list)
<input type="checkbox"/> MSWord <input type="checkbox"/> MS Access	
<input type="checkbox"/> MS Excel	

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

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? Yes No

Did you review and understand the activities involved in the job or occupation for which you have applied? .. Yes No

REFERENCES (MUST BE ACADEMIC OR BUSINESS RELATED)

1.		<input type="checkbox"/> Academic Related <input type="checkbox"/> Business Related	
	(Name)		(Phone Number)
			(E-mail Address)
	(Address)		
2.		<input type="checkbox"/> Academic Related <input type="checkbox"/> Business Related	
	(Name)	(Relationship)	(Phone Number)
			(E-mail Address)
	(Address)		
3.		<input type="checkbox"/> Academic Related <input type="checkbox"/> Business Related	
	(Name)	(Relationship)	(Phone Number)
			(E-mail Address)
	(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 90 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 provided by applicable law or collective negotiation (Union) agreement, 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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Dept. _____

By: _____

Print Name and Title: _____

Date: _____

Important Note to Applicants: This Application for Employment will expire ninety (90) days after submission. The Authority will not keep this information on file after such time.