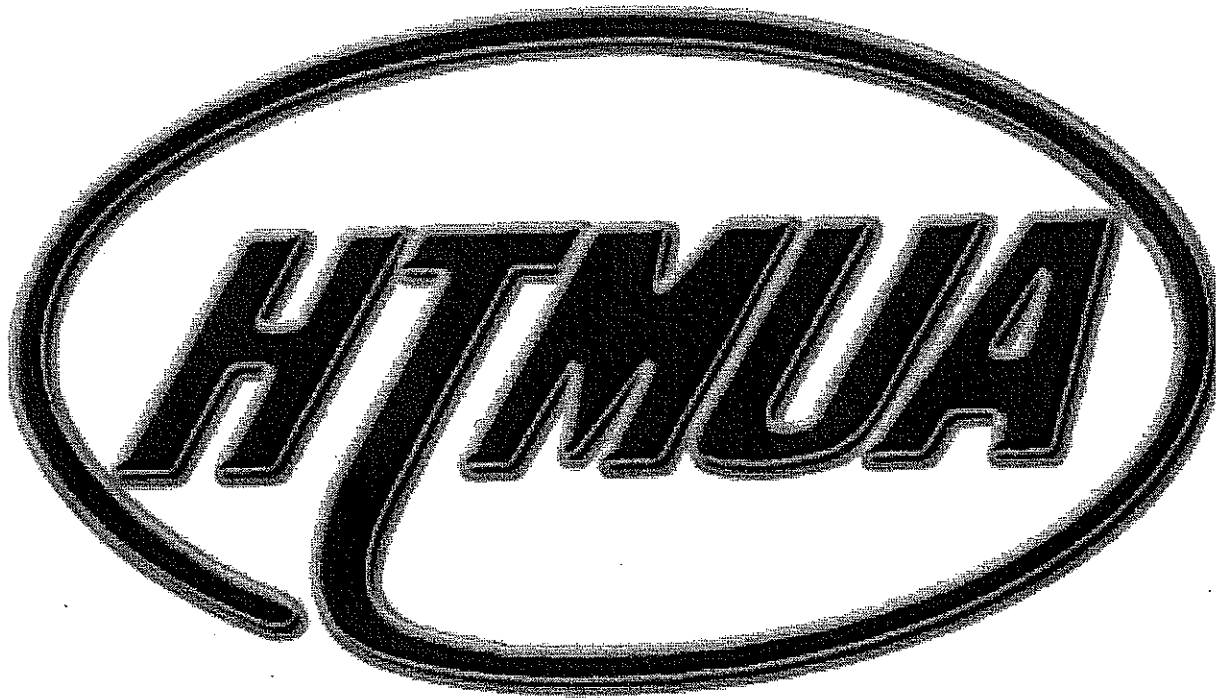


**Hamilton Township Municipal
Utilities Authority
Employment Application**



**Hamilton Township MUA
6024 Ken Scull Avenue
Mays Landing, NJ 08330**

Phone: (609) 625-1872

Fax: (609) 625-0855

Email:

PRE-EMPLOYMENT APPLICATION

DATE:	SOCIAL SECURITY NUMBER:
POSITION APPLIED FOR	DRIVER'S LICENSE NUMBER: DO YOU POSSESS AN ARTICULATED LICENSE? TYPE:
LAST NAME:	FIRST: MIDDLE:
STREET ADDRESS:	CITY: STATE: ZIP: TELEPHONE NUMBER:
IN EMERGENCY NOTIFY (NAME):	CITY: STATE: ZIP: TELEPHONE NUMBER:
EDUCATIONAL HISTORY	
HIGH SCHOOL (NAME):	NO. OF YEARS ATTENDED: MAJOR SUBJECT: DID YOU GRADUATE?:
COLLEGE (NAME):	NO. OF YEARS ATTENDED: MAJOR SUBJECT: DEGREE:
HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME? IF YES - NAME:	DO YOU HAVE YOUR OWN TRANSPORTATION?:
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS? IF YES - NAME:	
MILITARY EXPERIENCE	
BRANCH OF SERVICE:	MILITARY SPECIALTY: HIGHEST RANK:
SERVICE SCHOOLS ATTENDED:	COURSE:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

EMPLOYMENT

INSTRUCTION: (No résumés in lieu of application)

1. List present or most recent position first.
2. Account for all time (including military service) for at least the past 10 years.
3. Include all paid and unpaid experience, which you feel qualifies you for this position.
4. If more space is needed, attach extra sheets.

Dates of Employment: (Month, Year)	Exact title of Your Position	Hrs. Per Week	Earnings
From: To:			\$ per
Name of Firm or Organization	Address of Employer (include city and state)		Phone number ()
Type of Business or Organization	Name and Title of Immediate Supervisor	Are You Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Reason for Leaving:	
No. of Employees You Supervised	Titles of Those You Supervised		

DUTIES:

Dates of Employment: (Month, Year)	Exact title of Your Position	Hrs. Per Week	Earnings
From: To:			\$ per
Name of Firm or Organization	Address of Employer (include city and state)		Phone number ()
Type of Business or Organization	Name and Title of Immediate Supervisor	Are You Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Reason for Leaving:	
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No. of Employees You Supervised	Titles of Those You Supervised		

DUTIES:

Were you ever discharged or forced to resign from any position? Yes No

If yes, please explain.

May we contact your present employer? Yes No

Professional and Character References:

Name	Address

Have you been employed by the Authority before?

Yes No

If yes, position held:

Dates of employment: From:

To:

*Employment may be restricted if family members hold certain positions.
If related to an employee of the Authority, state name and relationship.*

Are you prevented from lawfully being employed in the U.S. because of visa or immigration status? Yes No

If hired can you provide proof of citizenship, visa or alien registration number? Yes No

Are you currently employed?

Yes No

Date you can start:

Salary desired:

If you will need an accommodation to test or interview, please describe:

TECHNOLOGY/TECHNICAL SKILLS

NOTE: COMPLETE APPROPRIATE SECTION RELEVANT TO MINIMUM QUALIFICATIONS OF POSITION APPLIED FOR:

COMPUTER SOFTWARE (i.e.: WORD, EXCEL,

ACCESS, POWERPOINT, FRONTPAGE, ETC.)

Programming Languages (ie: SQL, HTML, ETC.):

Keyboarding (WPM _____) Controller Accounting Bookkeeping Calculator Cashier

Receptionist Secretary General Clerk Office Copier Water Treatment Plant Operator Engineering

Drafting Surveying Blueprint Machine Radio/SCADA/Telemetry Communication Systems

Water Main Maintenance Sewer Main Maintenance Water/Sewer Lateral Installation

Computer/Hardware Networking Website Design/Maintenance

MACHINERY, EQUIPMENT & PHYSICAL SKILLS

Check each one you have skillfully operated:

Bucket/Ladder Truck Fork Lift Machinist Equipment Grinder Digger/Derrick Truck

Backhoe/Front End Loader Overhead Mobile Crane Heavy Duty Truck Bulldozer Trencher

Electric/Electronic Calibration Equipment Video Equipment

Welder: TYPE GAS ELEC MIG TIG OTHER _____

Engines: TYPE GAS ELEC DIESEL OTHER _____

Pumps/Motors: _____

Water Main Maintenance Sewer Main Maintenance Water/Sewer Lateral Installation

CPR First Aid Flagger OTHER:

Apprenticeship, Trade or Business School/Business Name:	Location: (City, State)	Course of Study:
		Graduated? Yes No

Do you object to:	Overtime: Yes No	Weekend Work: Yes No	Temporary Work: Yes No
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Please answer any questions within this area that apply to your profession:

Are you now licensed in your profession or occupation? Yes No

In what state(s):

	Date Issued	License or Registration Number:
Registered Engineer		
Certified Public Accountant		
Water System Operator		
Water Treatment Plant Operator		
Sewer System Operator		
Backflow Prevention Tester		

Additional Skills, Knowledge and Experience: Additional information you feel is important that we know (Attach additional sheet if necessary). Also describe any other relevant education, certification, training or experience (military or other) you wish considered:

Hamilton Township Municipal Utilities Authority is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity Laws.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal, or if employed, termination from employment.
2. It is my understanding that the Hamilton Township Municipal Utilities Authority will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Hamilton Township Municipal Utilities Authority and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, my subject me to immediate dismissal.
3. I agree that my employment may be terminated by this Authority at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. *I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the Hamilton Township Municipal Utilities Authority.*
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, employment will not be for a fixed period of time and it can be terminated by me or Hamilton Township MUA with or without notice for any reason or no reason. No employee, officer, Board Member or agent of Hamilton Township MUA may bind the Authority to anything contrary to the above by oral or printed statements including but not limited to, handbook, benefit booklets, or some other forms of communications.

I have read and understand the above.

Date: _____ Signature: _____