

EMPLOYMENT APPLICATION



HAMILTON TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

Employee Information

Date:	Social Security Number:			
Position Applying For:	Driver's License Number: Do you possess an articulated license? Type:			
Last Name:	First Name:	Middle Name:		
Street Address:	City:	State:	Zip Code:	Telephone Number:
In an emergency, notify: Name:	City:	State:	Zip Code:	Telephone Number:

Educational History

High School Name:	Number of Years Attended:	Major Subject:	Did you graduate?
College Name:	Number 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?	

Military Experience & Job Related Training

Branch of Service:	Military Specialty:	Highest Rank:
Service Schools Attended:	Course:	

The HTMUA is an equal opportunity employer.

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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 ever been employed by the Authority before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, position held: Dates of employment: From: To:		<i>Employment may be restricted if family members hold certain positions. If related to an employee of the Authority, state name and relationship:</i>
Are you prevented from lawfully being employed in the U.S. because of visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 applying for:

☐ Computer software (i.e. Word, Excel, Access, PowerPoint, FrontPage):

☐ Programming Languages (i.e. sql, html):

- ☐ 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

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Employment History

Instructions: (no résumés in lieu of application): 1) List present/recent position first; 2) Include at least the past ten (10) years (including military service); 3) Include paid & unpaid experience which qualifies you for this position & 4) If more space is needed, attach extra sheets.

Dates of Employment (Month, Year): From: To:	Exact Title of Your Position:	Hours Per Week:	Earnings: \$ 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:	
Number of Employees You Supervised:	Titles of Those You Supervised:		
Duties:			
Dates of Employment (Month, Year): From: To:	Exact Title of Your Position:	Hours Per Week:	Earnings: \$ 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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Machinery, Equipment, & Physical Skills

Circle each one that you have successfully 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	Electric	MIG	TIG	Other _____
Engines (Type): Gas	Electric	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

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
Water Distribution Operator		
Water Treatment Operator		
Collection Systems Operator		
Backflow Prevention Tester		

Additional Skills, Knowledge, and Experience: Additional information that you feel is important that we know (attach an additional sheet if necessary); also, describe any other relevant education, certification, training, or experience (military or other) you wish to be considered:

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Hamilton Township Municipal Utilities Authority (HTMUA) 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. The HTMUA 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 HTMUA, and I release from liability any person giving or receiving 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, may subject myself to immediate dismissal.
3. The HTMUA conducts motor vehicle driving record checks.
4. The HTMUA conducts background checks. The background check can include, but is not limited to, criminal (felony and misdemeanor) history, sex offender registry, financial history, and/or education verification.
5. I agree that my employment may be terminated by the HTMUA at any time without liability for wages or salary except such that 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.
6. 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 week work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
7. I understand that (1) the HTMUA has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.
8. I understand that I may be required to undergo a pre-employment job-related physical/medical examination and that continued employment may be based on the successful passing of future job-related physical/medical examinations.
9. This is an application for employment and that no employment contract is being offered. If employed, employment will not be for a fixed period of time and it can be terminated by me or HTMUA with or without notice for any reason or no reason. No employee, officer, Board Member, or agent of HTMUA may bind the HTMUA to anything contrary to the above by oral or printed statements including, but not limited to, handbook, benefit booklets, or some other forms of communication.
10. If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for the completion of Form I-9.

I have read and understand the above.

Date: _____ Signature: _____