### **APPLICATION FOR EMPLOYMENT**

Driver's License Number (if required by job)

### **Middlesex County Utilities Authority**

P.O. Box 159

2571 Main Street

### Sayreville, NJ 08872 PLEASE PRINT Phone: (732) 721-3800 Fax: (732)721-0206 Position(s) Applied For Date of Application Referral Source ☐ Advertisement Employee Relative Government Employment Agency ☐ Private Employment Agency ☐ Walk-in Other Name of Source (If Applicable) Name Last First Middle Address Street State Zip Code Telephone Number Area Code If necessary, the best time to call you at home is May we contact you at work?..... ☐ YES □ мо Пио If yes, give date..... □ио Are you legally eligible for employment in this country?..... YES □ио (Proof of US Citizenship or immigration status will be required upon employment.) ☐ Part Time ☐ Temporary ☐ Educational Co-Op Type of Employment desired Full Time ☐ Seasonal □<sub>vfs</sub> Are you on lay-off and subject to recall? Will you relocate if job requires it? . . . . . YES NO Will you travel if job requires it? Are you able to meet attendance requirements of the position?.....

State

## **EMPLOYMENT HISTORY**

List your last four (4) employers, assignment, or volunteer activities starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Dates Er	nployed	Summarize the nature of the work			
Address	From	То	performed and job responsibilities			
Telephone ( )						
Job Title						
Immediate Supervisor and Title						
Reason for Leaving						
May we contact for reference?						
Employer	Dates Employed		Summarize the nature of the work			
Address	From	То	performed and job responsibilities			
Telephone ( )						
Job Title						
Immediate Supervisor and Title						
Reason for Leaving						
May we contact for reference? Yes No Later						
Employer	Dates Employed		Summarize the nature of the work			
Address	From	То	performed and job responsibilities			
Telephone ( )						
Job Title						
Immediate Supervisor and Title						
Reason for Leaving						
May we contact for reference?						
Employer	Dates Employed		Summarize the nature of the work			
Address	From	То	performed and job responsibilities			
Telephone ( )						
Job Title						
Immediate Supervisor and Title						
Reason for Leaving						
May we contact for reference?						
Comments (including explanation of gaps in employment)						
<b>Skill and Qualifications</b> Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with the Authority.						

# **EDUCATIONAL BACKGROUND**

A.List last three (3) schools attended. (Starting with last one) B. List number of years completed. C. Indicated
degree or diploma earned, if any <b>D.</b> Grade Point Average or Class Rank and <b>E.</b> major and minor field of study (if applicable).

	<u> </u>	or Class Rank and <b>E</b> .	•	or study (ii up	phicable).		
A. School	B. No. Years Completed	C. Degree Diploma	D. GPA/ Class Rank	E. Major	E. Mino		
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# **APPLICANT'S STATEMENT**

Signature of Applicant:

I certify that the answers given herein are true and complete to the best of my knowledge. I understand and agree that any misrepresentation by me in this application or interview(s) will be sufficient cause for cancellation of this application and or separation from the Authority's service if employed.
I give the Authority the right to investigate all references and to secure additional job-related information about me. I hereby release the Authority and its representatives from liability for seeking such information, and all other persons, corporations, or organizations for furnishing such information. I further agree to furnish any additional information and complete any examinations as may be required by the Authority upon my employment. All such information shall be kept in strict confidence by the Authority.
This application shall be considered active for six (6) months. At the conclusion of this time, if I have not heard from the Authority and still wish to be considered for employment, I may inquire as to whether or not applications are being accepted at that time.
I understand and agree that in consideration of my employment my employment and compensation with the Authority can be terminated with or without cause at any time at the option of myself or the Authority. I certify that I understand the conditions of my employment and agree to abide by the rules and regulations of the Authority.

Date: \_\_\_\_\_

### **VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

(Completion of information below is voluntary)

We consider applican or any other legally pro	•	ithout regard	to race, color, religion, se	ex, national	origin, age, disab	oility, veteran status
Date / /						
Position(s) applied fo	r					
Referral Source	☐ Advertisement	Employee	e 🗌 Relative 🗌 Schoo	ol 🗌 Gove	ernment Employme	nt Agency
	☐ Walk-in	Private E	Employment Agency	Othe	er	
Name of Source (if Ap	oplicable)					
Applicant's Name				AC 1 11	( )	Di .
Address	Last		First	Middle	Area Code	Phone
Address	Street		City		State	Zip Code
As required, we comp	ly with government r	egulations inc	cluding Affirmative Action	obligations	where they apply	<b>'</b> .
In an effort to comply you complete this app	•		ernment recordkeeping, r tion is appreciated.	eporting an	d other legal oblig	gations, we ask tha
Please be advised the information that will no		•	your official application	for employ	ment. It is cons	sidered confidentia
Check one:					☐ Male ☐ I	Female
Check one of the follo		roup White	☐ American Indian/Alasl	kan Native	☐ Asian/Pa	acific Islander
SPECIAL NOTICE TO MENTAL HANDICAPS			SABLED VETERANS AN	ID INDIVIDI	JALS WITH PHY	SICAL OR
	mative action to en	nploy and ad	eterans Readjustment Ac vance in employment q			
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IF YOU SO WISH TO	BE IDENTIFIED, P	LEASE CHEC	CK IF ANY OF THE FOLL	_OWING AF	RE APPLICABLE:	
☐ VIE	TNAM ERA VETERA	AN 🗆 [	DISABLED VETERAN		HANDICAPPE	D INDIVIDUAL

To be completed by applicant - Not for interview purposes - To be filed separately from application. This Information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.