

OFFICE USE ONLY:
DATE: _____ REV'D _____
DATE: _____ REV'D _____



SUSSEX COUNTY MUNICIPAL UTILITIES AUTHORITY

34 SOUTH ROUTE 94, LAFAYETTE, NJ 07848
ADMINISTRATIVE OFFICES (973)579-6998

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or veteran status.

Please print or type

Date _____ Driver License No. _____ State _____

Class _____ Expiration Date _____

Name _____ Social Security Number _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____

Position(s) Applied for: _____

Have you previously filed an application with the SCMUA? Yes No

Have you previously been employed by the SCMUA? Yes No

Are you a citizen of the United States? Yes No

If not, do you possess an Alien Registration Card? Yes No

Are you available to work ___ Full time ___ Part time ___ Shift work?

Are you on lay-off? Yes No If yes, are you subject to recall: Yes No

Are you a veteran of the US Military Service? Yes No

Branch _____ Rank _____ Service Time: _____

Do you have any physical, mental or medical impairment or disability which would limit your ability to perform the duties of the job description? Yes No

If Yes, please explain. _____

Do you have friends or relatives who work for the SCMUA? Yes No

If Yes, please list name(s) and relationship. _____

REFERENCES

Provide name, address and telephone number of three (3) references.(Not relatives)

EDUCATION

	ELEMENTARY	HIGH	COLLEGE	TRADE/ PROFESSIONAL
NAME OF SCHOOL				
YEARS COMPLETED				
COURSE OF STUDY				
DESCRIBE SPECIALIZED TRAINING, APPRENTICES, SKILLS, LICENSES ETC				

EMPLOYMENT HISTORY
BEGINNING WITH MOST RECENT

COMPANY NAME _____		
ADDRESS _____		
TELEPHONE NUMBER _____		
NAME OF SUPERVISOR _____		
DUTIES _____		

DATES OF EMPLOYMENT	FROM _____	TO _____
WEEKLY/HOURLY WAGE	BEGIN _____	FINAL _____
REASON FOR LEAVING _____		

MAY WE CONTACT THIS EMPLOYER?		YES NO

COMPANY NAME _____		
ADDRESS _____		
TELEPHONE NUMBER _____		
NAME OF SUPERVISOR _____		
DUTIES _____		

DATES OF EMPLOYMENT	FROM _____	TO _____
WEEKLY/HOURLY WAGE	BEGIN _____	FINAL _____
REASON FOR LEAVING _____		

MAY WE CONTACT THIS EMPLOYER?		YES NO

COMPANY NAME _____		
ADDRESS _____		
TELEPHONE NUMBER _____		
NAME OF SUPERVISOR _____		
DUTIES _____		

DATES OF EMPLOYMENT	FROM _____	TO _____
WEEKLY/HOURLY WAGE	BEGIN _____	FINAL _____
REASON FOR LEAVING _____		

MAY WE CONTACT THIS EMPLOYER?		YES NO

Summarize special skills and qualifications which you have acquired from previous employment and/or other experience. _____

Please provide your salary requirements. _____

AUTHORIZATION AND RELEASE

Please read carefully.

I hereby certify that all information stated herein is true and complete to the best of my knowledge.

As a condition of employment, I hereby authorize the Sussex County Municipal Utilities Authority (SCMUA) and/or its authorized agent to request the following information: verification of educational attainment, verification of previous employment, driving and motor vehicle records and other pertinent reports. The SCMUA and/or its authorized agent is also authorized to inquire of my former employers as to the reasons and circumstances of my termination and to request information from various federal, state and other governmental agencies which maintain records concerning my past activities relating to my driving records, criminal convictions and civil lawsuits to which I am or was a party.

By my signature below, I hereby state that I have read and understand the above Authorization and Release and that I release the SCMUA, its employees and agents from any and all claims, civil or criminal actions, administrative actions or liabilities arising from the release to the SCMUA of the information described in this Authorization and Release.

Please let us know how you heard about the SCMUA (CHECK ONE) NEWSPAPER___ INTERNET___ SIGN___ FRIEND___ WALK IN___ SCMUA WEBSITE___
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Signature _____ Date _____