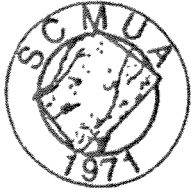


OFFICE USE ONLY:
DATE: _____ REV'O _____
DATE: _____ REV'D _____



SUSSEX COUNTY MUNICIPAL UTILITIES AUTHORITY
34 SOUTH ROUTE 94, LAFAYETTE, NJ 07848
ADMINISTRATIVE OFFICES
PHONE 973-579-6998 FAX 973-579-7819

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.

Name: _____ Social Security Number: _____ - _____ - _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Driver License Number: _____ State: _____

Class: _____ Expiration Date: _____

EMAIL ADDRESS _____

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

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

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

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 _____

Are you able to perform the essential functions of the job with or without any accommodations? Yes No

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 SPECIFIC 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 _____
Reason for Leaving _____

May We Contact This Employer? Yes No

Company Name _____
Address _____
Telephone Number _____
Name of Supervisor _____
Duties _____

Dates of Employment From _____ To _____
Reason for Leaving _____

May We Contact This Employer? Yes No

Company Name _____
Address _____
Telephone Number _____
Name of Supervisor _____
Duties _____

Dates of Employment From _____ To _____
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. _____

CONDITIONS OF EMPLOYMENT

Please read carefully.

As an applicant for a position with the Sussex County Municipal Utilities Authority ("SCMUA"), I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true, and accurate. If hired, I understand that I may be separated from employment if the Authority later discovers that information on this form was incomplete, untrue, or inaccurate.

As a condition of employment, I hereby authorize the SCMUA and/or its authorized agent(s) or representative(s) the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted), and to request the following information from the appropriate federal, state, and/or other governmental agencies: verification of educational attainment, verification of previous employment, driving and motor vehicle records, records pertaining to my criminal background, and other job-related information about me.

I release the SCMUA and its agents or representatives from all liability for seeking such information. I understand that the SCMUA is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the SCMUA will make reasonable accommodations as required by the Americans with Disabilities Act and the New Jersey Law Against Discrimination. I understand that, if employed, I may resign at any time and that the Authority may terminate me at any time in accordance with its established policies and procedures. No representatives of the Authority may make any assurances to the contrary.

I understand that any offer of employment is conditioned upon undergoing a criminal background test, and the results thereof. In compliance with federal law, I agree and understand that I am required to verify my identity and eligibility to work in the United States, and to complete the required employment eligibility verification form upon hire, in order to remain eligible for employment with the SCMUA.

By my signature below, I hereby state that I have read, understand, and agree to the above Conditions of Employment. For your application to be considered, you must sign and date below.

Signature _____ Date _____

Please let us know how you heard about SCMUA (check one)

Newspaper ___ Internet ___ Sign ___ Friend ___ Walk In ___ SCMUA Website ___