

Little Egg Harbor Municipal Utilities Authority  
823 Radio Road, P.O. Box 660  
Little Egg Harbor, New Jersey 08087

Date:

## Employment Application:

<b>Applicant Information:</b>		
<b>Name:</b>	(Last,	First, Middle)
_____		
<b>Address:</b>		
_____		
<b>City/Town:</b>		
_____		
<b>Phone (Work):</b> ( ) _____ <b>(Home):</b> ( ) _____		
<b>Social Security Number:</b> _____ - _____ - _____		

Position applied for:

\_\_\_\_\_

Have you ever applied to the Authority before: \_\_\_ Yes \_\_\_ No If yes, give date \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you available to work: \_\_\_ Full time \_\_\_ Part time \_\_\_ Shift work \_\_\_ Temporary

Are you currently employed: \_\_\_ Yes \_\_\_ No May we contact you at work: \_\_\_ Yes \_\_\_ No

May we contact your current employer: \_\_\_ Yes \_\_\_ No

Are you currently on layoff status and subject to recall: \_\_\_ Yes \_\_\_ No

Do you possess a current driver's license: \_\_\_ Yes \_\_\_ No

Do you possess a current commercial driver's license: \_\_\_ Yes \_\_\_ No

Please list any endorsements:

\_\_\_\_\_

If you are under eighteen years of age, can you provide proof of eligibility to work:

\_\_\_ Yes \_\_\_ No

Are you legally eligible to work in the United States of America: \_\_\_ Yes \_\_\_ No

Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

**Have you ever plead guilty or been found guilty of a crime; disorderly persons offense; or a municipal ordinance involving moral turpitude: \_\_\_ Yes \_\_\_ No**

**Employment is conditional upon the results of the criminal background check. An answer of “Yes” may disqualify you from employment depending upon the circumstances involved. If “Yes”, please explain below.**

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**The Little Egg Harbor Municipal Utilities Authority is an Equal  
Opportunity Employer M/F**

**Employment History:** This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

<b>Employer:</b>	<b>Date started:</b>	<b>Date left:</b>	<b>Work performed/ responsibilities:</b>
<b>Address:</b>	<b>Starting Salary:</b>		
<b>Job Title:</b>	<b>Final Salary:</b>		
<b>Reason for leaving:</b>			
<b>Supervisor's name and phone number:</b>			
<b>May we contact for a reference:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>Employer:</b>	<b>Date started:</b>	<b>Date left:</b>	<b>Work performed/ responsibilities:</b>
<b>Address:</b>	<b>Starting Salary:</b>		
<b>Job Title:</b>	<b>Final Salary:</b>		
<b>Reason for leaving:</b>			
<b>Supervisor's name and phone number:</b>			
<b>May we contact for a reference:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>Employer:</b>	<b>Date started:</b>	<b>Date left:</b>	<b>Work performed/ responsibilities:</b>
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<b>Job Title:</b>	<b>Final Salary:</b>		
<b>Reason for leaving:</b>			
<b>Supervisor's name and phone number:</b>			
<b>May we contact for a reference:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>Employer:</b>	<b>Date started:</b>	<b>Date left:</b>	<b>Work performed/ responsibilities:</b>
<b>Address:</b>	<b>Starting Salary:</b>		
<b>Job Title:</b>	<b>Final Salary:</b>		
<b>Reason for leaving:</b>			
<b>Supervisor's name and phone number:</b>			
<b>May we contact for a reference:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			

**Comments:**

**Education:** Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
Elementary:	5 6 7 8	Yes No	N/A
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

**Languages:** List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

**Special Skills & Experience:** State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

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**Comments & Additional Information:** Is there any additional information about you we should consider?

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