

**Hackettstown Municipal Utilities Authority  
 424 Hurley Drive, PO Box 450  
 Hackettstown, NJ 07840-0450  
 908-852-3622**

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

## ***APPLICATION FOR EMPLOYMENT***

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

*(PLEASE PRINT)*

Position(s) Applied For	How Did You Learn About Us?
	<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Social Security Number	

Best time & place to contact you is: . . . . .	_____:	_____	AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever filed an application with us before? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, give date _____			
Have you ever been employed with us before? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, give date _____			
Do any of your friends or relatives, other than spouse, work here? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently employed? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May we contact your present employer? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i> . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you possess a current driver's license? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you possess a current Commercial driver's license? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please list any endorsements: _____			

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

- Are you available for work:
- Full-Time
  - Part-Time
  - Temporary
  - Weekends
  - Emergency Response

Are you currently on layoff status and subject to recall? . . . . .  Yes  No

Have you ever pled 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 Hackettstown 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 or 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”.

<b>1. Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
Address	From	To	
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Job Title			
Reason for Leaving			
Supervisor's name and phone number:			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2. Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
Address	From	To	
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Job Title			
Reason for Leaving			
Supervisor's name and phone number:			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3. Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
Address	From	To	
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Job Title			
Reason for Leaving			
Supervisor's name and phone number:			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
Supervisor's name and phone number:			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Comments:

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If you need additional space, please continue on a separate sheet of paper.

<p>List any professional, trade, business or civic activities and offices held.  <i>You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i></p>

***ADDITIONAL INFORMATION:*** Summarize special job-related skills and qualifications acquired from employment or other experience.

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***EDUCATION:***

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

***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, apprenticeship, licenses, certifications, extra-curricular activities or other factors that make you especially qualified for the position for which you are applying.

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***ADDITIONAL INFORMATION:*** State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_\_\_ YES \_\_\_\_\_ NO

**REFERENCES:**

1.	_____ ( ) _____ (Name) Phone #
	_____ (Address)
2.	_____ ( ) _____ (Name) Phone #
	_____ (Address)
3.	_____ ( ) _____ (Name) Phone #
	_____ (Address)

**UNDERSTANDINGS AND AGREEMENTS:** As an applicant for a position with the Hackettstown Municipal Utilities Authority, 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. I give the Authority the right to investigate the information I have provided and talk with former employers (except where I have indicated they may not be contacted). I give the Authority the right to secure additional job-related information about me. I release the Authority and its representatives from all liability for seeking such information. I understand that the Authority is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Authority will make reasonable accommodations as required by the Americans with Disabilities Act. 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 may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT:** Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. *For your application to be considered, you must sign and date below.*

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Positions(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_

INTERVIEWER DATE

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE DATE