



# LAMBERTVILLE MUNICIPAL UTILITIES AUTHORITY

PO Box 300

Lambertville, New Jersey 08530

Phone: 609-397-1496 Fax: 609-397-1184

## Employment Application:

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

### Applicant Information:

Name (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Phone (Cell): ( ) \_\_\_\_\_ (Home): ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position applied for: \_\_\_\_\_

Have you ever applied to the (local unit type) 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.

**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.

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

**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:
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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**References:** Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:

**Understandings and Agreements:**

As an applicant for a position with the 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, 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 (local unit type) 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 and New Jersey Law Against Discrimination. I understand that, if employed, I may resign at any time and that the (local unit type) 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. *For your application to be considered, you must sign and date below.*

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

### Voluntary Affirmative Action Information

You are not required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program

#### Applicant Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/town: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_

Position Applied For: \_\_\_\_\_

How did you learn about this position?     Advertisement     Employment Agency  
 Friend     Relative     Walk-in     Other (Explain) \_\_\_\_\_

#### Information Regarding Status:

Gender:  
 Male  
 Female

Equal Employment Opportunity identification groups:  
 White  
 African-American (non-Hispanic)  
 Hispanic  
 American Indian/Alaskan native  
 Asian/Pacific Islander  
 Other \_\_\_\_\_

Other protected Groups:  
 Individual with a disability  
 Vietnam-era veteran (served between 1964 and 1975)  
 Disabled veteran

**For Lambertville MUA use only**

Hired:  Yes     No    Position \_\_\_\_\_ Date \_\_\_\_\_

Which EEO job classification best describes the position for which the applicant applied?

1. Officials and Managers	4. Sales workers	7. Operators( semi-skilled)
2. Professionals	5. Office and clerical workers	8. Laborers (unskilled)
3. Technicians	6. Craft workers (skilled)	9. Service workers

Authority Official \_\_\_\_\_ Date \_\_\_\_\_