



Application for Employment
Toms River Municipal Utilities Authority
340 West Water St Toms River, NJ 08753- (732)-240-3500

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal Access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Please Print

Position(s) applied for: _____

Date of Application: _____

Referral Source: _____

_____	_____	_____	
Last Name	First Name	Middle	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____		
Phone Number	Email		

If necessary, the best time to call _____

Have you filed an application here before? If yes, give date: ____/____/____

Have you ever been employed here before? If yes, give dates: ____/____/____ to ____/____/____

Are you legally eligible for employment in this country?
(Proof of US Citizenship or immigration status will be required upon employment)

Date available for work: _____

Are you on a layoff and subject to recall? _____

Will you relocate if the job requires it? _____

Will you travel if the job requires it? _____

Will you work overtime if required? _____

Will you undergo a pre-employment physical? _____

EMPLOYMENT HISTORY				
List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience.				
Explain any gaps in employment in comments section below.				
Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		FROM	TO	
Address:		/ /	/ /	
Job Title				
Immediate Supervisor and Title				
May We Contact for References?				
Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		FROM	TO	
Address		/ /	/ /	
Job Title				
Immediate Supervisor and Title				
May We Contact for References?				
Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		FROM	TO	
		/ /	/ /	
Job Title				
Immediate Supervisor and Title				
May We Contact for References?				
Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		FROM	TO	
Address:		/ /	/ /	
Job Title				
Immediate Supervisor and Title				
May We Contact for References?				
Comments (including explanation of any gaps in employment):				
SKILLS AND QUALIFICATIONS	Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company.			

EDUCATIONAL BACKGROUND

A. List last three (3) schools attended, starting with last one. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable).

A. SCHOOL	B. YEARS ATTENDED		C. DEGREE/ DIPLOMA	D. GPA/ CLASS RANK	E. MAJOR/ MINOR
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ	WRITE	SPEAK
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors.

If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

List professional trade business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

List any additional information you would like us to consider.

Vietnam Era Veteran

If you are handicapped and wish to be identified as such according to the Rehabilitation Act of 1973, please indicate by checking yes. Yes

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, education institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identify and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

By checking this box the applicant acknowledges and accepts the terms and conditions listed above.

Date

Signature (if submitting online print name)