

**CAPE MAY COUNTY MUNICIPAL UTILITIES AUTHORITY
 AN EQUAL OPPORTUNITY EMPLOYER
 1523 ROUTE 9 N, P.O. BOX 610
 CAPE MAY COURT HOUSE, NJ 08210
 (609)465-9026**

APPLICATION FOR EMPLOYMENT
 (Please Type or Print)

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

1. Position Applied for: _____
2. Full Legal Name: _____
Last First Middle
3. Home Phone: _____
4. Cell Phone: _____
5. Address: _____
Number and Street
6. Business Phone: _____
7. Are you 18 or older? _____
City State Zip
8. Do you have a valid New Jersey Driver's License? Yes No
 Commercial Driver's License Yes No Class A or Class B
 *Have you been convicted of a **moving** traffic violation within the last five (5) years? _____ Yes _____ No
 *Do you currently have any points on your driving record? _____ Yes _____ No
 *Seasonal laborers should not respond.

EDUCATION

- High School Diploma: Yes No GED: Yes No
 Associate's Degree: Yes No Bachelor's Degree: Yes No
 Master's Degree: Yes No

DETAIL YOUR EDUCATIONAL BACKGROUND

If you expect to complete your educational program in the near future, please indicate what type of degree.

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops or special achievements. _____

License, certificate or other authorization to practice a trade or profession:

| TYPE | LICENSE NO. | EXP'N DATE | GRANTED BY (LICENSING BOARD) |
|------|-------------|------------|------------------------------|
| | | | |
| | | | |
| | | | |

If applicable: Typing Speed: _____ words per minute
 06/14/17

REFERENCES

List names, addresses and phone numbers of three persons, not related to you, who know your qualifications:

1. _____
2. _____
3. _____

MISCELLANEOUS

Are you willing to work: _____ during the day only? _____ any other shift?

Will you accept employment which is: _____ regular full time? _____ part time? _____ temporary?

Are you legally eligible for employment in the United States: _____ Yes _____ No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. Explain any gaps in employment.

| | | | | |
|--------------------|------------|----------------|----|----------------|
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number | Supervisor | | | |
| Job Title | | | | |
| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number | Supervisor | | | |
| Job Title | | | | |
| Reason for Leaving | | | | |

If you need additional space, please continue on page 3 of this application.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

EMPLOYMENT WITH CAPE MAY COUNTY MUNICIPAL UTILITIES AUTHORITY IS "AT WILL", EXCEPT AS PROVIDED IN AN APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

Date: _____

Applicant Signature: _____

CAPE MAY COUNTY MUNICIPAL UTILITIES AUTHORITY

EMPLOYMENT EXPERIENCE - SUPPLEMENTAL

| | | | | |
|--------------------|------------|----------------|----|----------------|
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number | Supervisor | | | |
| Job Title | | | | |
| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number | Supervisor | | | |
| Job Title | | | | |
| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number | Supervisor | | | |
| Job Title | | | | |
| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number | Supervisor | | | |
| Job Title | | | | |
| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number | Supervisor | | | |
| Job Title | | | | |
| Reason for Leaving | | | | |

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

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

EMPLOYMENT WITH CAPE MAY COUNTY MUNICIPAL UTILITIES AUTHORITY IS "AT WILL", EXCEPT AS PROVIDED IN AN APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

Date: _____
06/14/17

Applicant Signature: _____