

**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

**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  
 08/29/18

**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.**

**I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN RESCINDING AN OFFER OF EMPLOYMENT OR DISCHARGE IF HIRED. I AUTHORIZE REVIEW OF MY DRIVER'S ABSTRACT TO VALIDATE MY DRIVER'S LICENSE IS IN GOOD STANDING. 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			
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Reason for Leaving				

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

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

Applicant Signature: \_\_\_\_\_