



Willingboro Municipal Utilities Authority EMPLOYMENT APPLICATION

DATE / /

NAME (Last, First, MI)	E-MAIL ADDRESS
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ADDRESS (Number & Street)	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
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HIGHEST DEGREE COMPLETED:

GRADE SCHOOL
 HIGH SCHOOL
 GED
 COLLEGE ASSOCIATE
 BACHELOR

LIST ANY VOCATIONAL SCHOOLS, COLLEGES, UNIVERSITIES, AND GRADUATE SCHOOLS WHICH YOU HAVE ATTENDED

Name of School	Graduated?	Major Area of Study	Degree or License
	YES NO		
	YES NO		

1A. ARE YOU A RESIDENT OF WILLINGBORO? YES <input type="checkbox"/> NO <input type="checkbox"/> 1B. ARE YOU UNDER 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. _____ I consent to a background check. (Please initial) _____	2. LICENSES AND/OR SPECIAL SKILLS: Typing? YES NO
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4. MILITARY EXPERIENCE	BRANCH OF SERVICE:	DATES IN SERVICE:
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5A. VALID NJ DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/> 5B. LICENSE #: _____	6. POSITION APPLIED FOR?
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7. ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES NO

8. ARE YOU CAPABLE OF PERFORMING THE DUTIES OF THE POSITION? YES NO
(If yes, explain in Item 12)
 THIS WILL NOT NECESSARILY PRECLUDE YOU FROM OBTAINING EMPLOYMENT UNLESS THE NATURE OF THE ILLNESS, ETC., WOULD IMPAIR YOUR ABILITY TO PERFORM THE FUNCTIONS OF THE JOB.

9. PLEASE LIST ANY LANGUAGES, OTHER THAN ENGLISH, WHICH YOU SPEAK, READ OR WRITE:

10. HAVE YOU EVER BEEN EMPLOYED BY THIS AUTHORITY?
 YES NO *(If yes, when?)* From: _____ To: _____
 IN WHAT CAPACITY? _____ UNDER WHAT NAME? _____

11. HOW DID YOU HEAR ABOUT THIS POSITION?

12. COMMENTS AND/OR EXPLANATION FOR NUMBERS 3 AND 8

13. WORK EXPERIENCE: (List most recent employer first) Attach additional sheets, if necessary.		
NAME AND ADDRESS OF EMPLOYER: DATES EMPLOYED IN THIS POSITION From _____ To _____ Full Time Number of hours Part Time per week _____	TITLE OF YOUR POSITION: REASON FOR LEAVING:	DESCRIBE YOUR DUTIES IN DETAIL:
NAME AND ADDRESS OF EMPLOYER: DATES EMPLOYED IN THIS POSITION From _____ To _____ Full Time Number of hours Part Time per week _____	TITLE OF YOUR POSITION: REASON FOR LEAVING:	DESCRIBE YOUR DUTIES IN DETAIL:
NAME AND ADDRESS OF EMPLOYER: DATES EMPLOYED IN THIS POSITION From _____ To _____ Full Time Number of hours Part Time per week _____	TITLE OF YOUR POSITION: REASON FOR LEAVING:	DESCRIBE YOUR DUTIES IN DETAIL:
14. OTHER POSITIONS FOR WHICH YOU FEEL QUALIFIED:		
SIGNATURE OF APPLICANT		
I CERTIFY that the information on this application is true and correct to the best of my knowledge. If I am appointed on this basis of any misstatement herein, I acknowledge that I am subject to removal.		
SIGNATURE _____ DATE / /		
INTERVIEWER'S COMMENTS:		
TEST SCORES		



Willingboro Municipal Utilities Authority ("WMUA")

Employment Application Statement of Understanding

I hereby state that the information given by me in this application is true in all respects. I understand that if am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I hereby authorize the individuals listed as personal references to release any personal information that may pertain to my work habits or work performance.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will merely be a gratuitous statement of the WMUA's current policies.

I understand that the WMUA requires all applicants for employment to take a urinalysis or blood tests for drug and alcohol screening as part of a pre-employment physical and/or psychological examination, and that any offer of employment with the WMUA is conditioned upon the results of my examination (including urinalysis or blood tests for drug or alcohol screens) being satisfactory.

Any and all applicants may be subject to a police records check, fingerprinting and background check. I understand that if I am employed with the WMUA and I apply for a promotion I may be required to submit to a drug or alcohol screening. I also understand that if hold a safety-sensitive position, as defined by State and Federal Statutes, I may be required to submit to period a urinalysis or blood tests for drug or alcohol screening. Further, I understand that if I am involved in an on-the- job accident or if the WMUA has reasonable suspicion that I am under the influence of drugs or alcohol, I hereby authorize the release of the results of any physical examinations or drug tests required herein to the WMUA. I further understand that the WMUA may inspect all lockers and any bags (including purses or briefcases) or parcels brought into, or taken out of the WMUA facilities, and that my refusal to submit to a urinalysis, blood test, or search, when requested to do so, may result in the termination of my employment .

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE WMUA, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I OR THE WMUA WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, IN ACCORDANCE WITH STATE STATUTES AND WMUA POLICIES, I UNDERSTAND THAT EMPLOYMENT BY THE WMUA IS SUBJECT TO NEW JERSEY DIVISION OF CIVIL SERVICE STATUTES, RULES AND REGULATIONS. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE EXECUTIVE DIRECTOR OF THE WMUA.

Date

Applicant