

LAKESWOOD TOWNSHIP M.U.A.  
390 NEW HAMPSHIRE AVENUE  
LAKESWOOD, N.J. 08701  
(732) 363-4422

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  Employment Agency  
 Other

=====  
Name \_\_\_\_\_

                    Last                                      First                                      Middle

Address \_\_\_\_\_

                    Number Street                                      City                                      State      Zip

Telephone (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

Valid NJ Drivers License # \_\_\_\_\_

If employed and you are under 18 can you furnish work permit?  Yes  No

Have you filed an application here before?  Yes  No If Yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give date \_\_\_\_\_

Are you employed now?  Yes  No

Number of Dependents: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you on a lay-off and subject to recall?  Yes  No

List of friends or relatives working for us \_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony in the last 7 years  Yes  No  
If Yes to above, please explain \_\_\_\_\_  
\_\_\_\_\_

Served in the US Military Service  Yes  No If Yes, Branch \_\_\_\_\_

Office Skills:  
Typing (words per minute) \_\_\_\_\_

Steno (words per minute) \_\_\_\_\_

Word Processing (words per minute) \_\_\_\_\_

Experience with office machines (please check)  
Photocopy Machine  Adding Machine  Switchboard  Mail Machine   
Personal Computer

Give name, address and telephone number of three references who are not related to you  
and are not previous employer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<u>Elementary</u>	<u>High</u>	<u>College/University</u>	<u>Graduate</u>
School Name _____				
Years completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Diploma/Degree \_\_\_\_\_

Describe Course of Study

=====

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_

Work Performed \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_ Rate/Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_

Work Performed \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_ Rate/Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_

Work Performed \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_ Rate/Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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

#### Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as

may be necessary in arriving at application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date