



**LAKEWOOD TOWNSHIP**  
**MUNICIPAL UTILITIES AUTHORITY**

**APPLICATION FOR EMPLOYMENT**

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 home (\_\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_\_) \_\_\_\_\_

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, provide date \_\_\_\_\_

Have you ever been employed by the LTMUA before? Yes  No  If yes, provide date \_\_\_\_\_

Are you employed now? Yes  No  When will you be available to begin work? \_\_\_\_\_

Are you available to work (check all that apply): Full Time  Part Time  Shift Work  Temporary

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

Do you have friends or relatives working for the LTMUA? If so, please state their name and the nature of the relationship. \_\_\_\_\_

Served in the US Military? Yes  No  If yes, which Branch? \_\_\_\_\_

2017-10-26

**Office skills**

Typing (words per minute) \_\_\_\_\_

Experience with office machines: (please check)

Photocopy Machine  Postage Machine  Personal Computer

**References**

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

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

**Education**

High School (name)\_\_\_\_\_ Years Completed: 9  10  11  12

Diploma/Degree: \_\_\_\_\_ Describe Course of Study \_\_\_\_\_

\_\_\_\_\_

College/Trade School (name)\_\_\_\_\_ Years Completed: \_\_\_\_\_

Diploma/Degree: \_\_\_\_\_ Describe Course of Study \_\_\_\_\_

\_\_\_\_\_

Graduate study(name)\_\_\_\_\_ Years Completed: \_\_\_\_\_

Diploma/Degree: \_\_\_\_\_ Describe Course of Study \_\_\_\_\_

\_\_\_\_\_

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

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

**Employment History**

Beginning with your most recent job, please provide the following information. Be sure to Include military service assignments and volunteer activities. **Exclude organization names which indicate race, color, religion, sex or national origin.**

Employer 1 \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

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

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

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

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

Employer 2 \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

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

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

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

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

Employer 3 \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

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

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

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

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

\*If additional space is needed, please continue on a separate sheet 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 an employment decision. I understand that this application 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 Authority.

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