



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? _____

2019-6-5

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 _____

Reason for Leaving _____

Employer 2 _____ Employed from _____ to _____

Work Performed _____

Address _____ Phone () _____

Job Title _____

Reason for Leaving _____

Employer 3 _____ Employed from _____ to _____

Work Performed _____

Address _____ Phone () _____

Job Title _____

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