

**CAPE MAY COUNTY MUNICIPAL UTILITIES AUTHORITY
 AN EQUAL OPPORTUNITY EMPLOYER
 1523 ROUTE 9 N,
 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: _____ 3. Home Phone: _____
Last First Middle

4. Cell Phone: _____

5. Address: _____ 6. Business Phone: _____
Number and Street

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.

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

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.

IN THE EVENT OF AN OFFER OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. IF YOU POSSESS A NJ DRIVER'S LICENSE, YOUR DRIVER'S ABSTRACT WILL BE CHECKED TO VALIDATE YOUR 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 | |
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| 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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