

TNSA

TOWNSHIP OF NEPTUNE SEWERAGE AUTHORITY

Employment Application

Name of Applicant:	
Date Completed:	
Received By:	
Date Received:	

APPLICANT INFORMATION

Last Name		First	Initial
Other Name(s) Used			Home Telephone #
Address			Business or Cell #
Position Applied For	How did you hear about job opening?		Salary Desired
Have you ever been employed with TNSA before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, List date(s) and job title (s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

EDUCATION

Check Highest Grade Completed: High School 9 10 11 12
 College, Trade or Business 1 2 3 4

School Name	City, State, Country	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University:			
Vocational, Business, Other:			
List any office machines, heavy equipment, vehicles or other machinery you can operate:			
Computer Skills (Hardware/Software):			
Other Special Knowledge, Skills or Qualifications:			

EMPLOYMENT HISTORY

List all past employment, starting with the most recent position. All information must be completed. You may attach a resume, as long as all requested information is provided.

Employed From / /	Employer Name	Starting Salary
Employed Until / /	City, State, Country	Ending Salary
Job Title/Position		Reason for Leaving
Duties & Responsibilities		

Employed From / /	Employer Name	Starting Salary
Employed Until / /	City, State, Country	Ending Salary
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Employed Until / /	City, State, Country	Ending Salary
Job Title/Position		Reason for Leaving
Duties & Responsibilities		

GENERAL

Yes No

May we contact your current employer for references?

Have you ever been discharged or asked to resign from any employment?

If yes, provide an explanation.

Do you or any member of you immediate family own, or have interest in, any organization that deal with, is regulated by, or is otherwise affected by the Operation of any department or agency of TNSA? If so, describe fully:

DRIVER'S LICENSE - Please Provide a copy.

Do you have a valid NJ Driver's License?

Yes / No

If yes, please provide Driver's License #: _____

Do you have a valid NJ Commercial Driver's License (CDL)?

Yes / No

Class

Endorsements

Do you have any other licenses/certifications relevant to the position you are applying for? Yes / No

If yes, please list the following:

Name of License

Issuing Authority / Date Issued

License Number

Expiration Date

MILITARY EXPERIENCE

Are you a veteran? Yes / No _____
Branch of Service Rank Specialty

Dates of Duty: From _____ To _____ Rank at discharge _____

Describe any training which would be relevant to the position for which you are applying?

REFERENCES

Please provide the names of three people (no relatives) that have known you for at least five (5) years, who can attest to your character, job skills, knowledge and abilities.

Name and Address: _____

Occupation: _____ Phone Number: _____

Name and Address: _____

Occupation: _____ Phone Number: _____

Name and Address: _____

Occupation: _____ Phone Number: _____

CERTIFICATION & AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I hereby certify that all entries on this application for employment and attachments are true and complete, and I agree and understand that any falsification of or failure to disclose information herein, regardless of its time of discovery, may cause forfeiture on my part to any employment with TNSA. I understand that the information on this application is subject to verification and consent to references, former employers and educational institutions listed being contacted regarding this application.

I further authorize TNSA to obtain any information from schools, residential management agents, employers or individuals relating to my activities. This information might include, but is not limited to, academic, residential, achievement, performance, attendance, performance history and disciplinary records. I hereby direct you to release such information upon the request of the bearer. I understand that the information release is for TNSA's official use only.

I hereby release any individual, including records custodian, from any and all liability for damages of whatever kind or nature which may, at any time, happen to me as a result of compliance, or attempts to comply with this authorization.

If hired, I agree to be fingerprinted and to submit to a health examination, which includes a substance abuse screening, by a physician as often as may be thought necessary by the Township of Neptune Sewerage Authority management. I agree to abide by all rules and regulations. The information given in this application is true to the best of my knowledge.

Signature of Applicant

Date

