

Application for Employment

The Township of Neptune Sewerage Authority ("TNSA") is dedicated to a policy of equal employment opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran status, genetic information or any other protected basis under federal, state or local law.

(Please Print or Type)

PERSONAL	(// //					
Position applied for:		Date of applica	tion:			
Full Name:						
Street Address:	E-mail address:					
City:	State:	Zip	:			
Home Phone:	Cell Phone:	Woi	rk Phone:			
Driver's License #		Exp. Date:				
Have you ever been employed with us	before? Yes []	No []				
If yes, provide details below:						
Title of Position held:	Termination Date:					
Reason for leaving:						
How were you referred? TNSA Website Relative_						
Are you currently employed? Yes [] No [] If yes, may we contact your current employer for the purpose of a reference?						
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes [] No []						
Are you a citizen of the United States?	Yes []	No []				
If no, can you provide proof that you are	eligible to work in the Uni	ited States, in acco	ordance with the Im	migration Reform and		
Control Act? Yes [] No [] Immigrat	ion No		Exp. Date:			
EMPLOYMENT DESIRED	Full Time [] Part time	e [] On Call/F	Per Diem [] S	easonal []		
Salary desired \$	Date you can start:					
Are you currently employed? Yes []	No []					
Shift/Hours:						
Hours available to work:						
Are you available to work weekends/holid						
Are you available to work alternate weekends/holidays? Yes [] No [] *Note: If you require special accommodation in order to apply for this position, please notify the Human Resources Department prior to the						
deadline for submitting applications for this position. EDUCATION						
Did you receive a high school diploma or GED? Yes [] No []						
Circle highest grade completed 9 10	11 12 College 1 2 3	4 5 6				
School (name, city, state)			Degree	Major/Minor		
High School						
College/University						
Graduate/Professional						
Other Education: i.e. Technical, Business						

SPECIFIC SKILLS						
List technical/professional licenses or certificates of training and include expiration dates:						
Describe any training which would be relevant to the position for	wnich you are applying:					
List awards, commendations, or other recognition for outstanding	g achievement in school, work, etc:					
BATT TANA DAZ						
MILITARY						
Have you ever served in the U.S. Armed Forces? Yes [] No						
If yes, what branch?	Type of discharge:					
Dates of Service From: To:						
REFERENCES						
List three (3) personal references who are not related to you or f	<u>·</u>					
Name & Occupation Address	Phone Relationship					
EMPLOYMENT HISTORY						
(List most recent employer first. Use additional sheet if necessary	• •					
Company:	Your Title:					
Street Address:	Employed From:					
City, State, Zip:	Employed To:					
May we contact for references? Yes [] No []						
Responsibilities:						
G to to No.	Di M					
Supervisor's Name:	Phone No:					
Reason for Leaving:						
Company:	Your Title:					
Street Address:	Employed From:					
City, State, Zip:	Employed To:					
May we contact for references? Yes [] No []	· ·					
Responsibilities:						
Supervisor's Name:	Phone No:					
Reason for Leaving:						

Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
May we contact for references? Yes [] No []	
Responsibilities:	
Supervisor's Name:	Phone No:
Reason for Leaving:	
Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
May we contact for references? Yes [] No []	
Responsibilities:	
Supervisor's Name:	Phone No:
Reason for Leaving:	
Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
May we contact for references? Yes [] No []	
Responsibilities:	
Supervisor's Name:	Phone No:
Reason for Leaving:	
ADDITIONAL INFORMATION	
Give specific reasons why you feel qualified for the position you	applied for:

APPLICANT'S STATEMENT

The information provided by me in this application for employment, and any additional documents or statements made during the hiring process, are true and complete to the best of my knowledge. Should I be employed by TNSA, any omission of facts or misrepresentation or false statements made by me may be considered cause of refusal or separation from employment.

TNSA has my permission to contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment or personal history and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I might learn the information contained in any reports furnished to TNSA. You have my permission to conduct a background check for any arrests/criminal convictions, which may include Motor Vehicle violations.

I understand this application does not constitute an employment contract of any kind. Should I be employed by TNSA, I may resign such employment at any time at my discretion with or without prior notice and TNSA may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

I understand that employment with TNSA is also contingent upon my providing sufficient documentation, which establishes my identity and my eligibility to work in the United States.

Any offer for employment may be conditioned upon a physical exam. The undersigned applicant for employment recognizes and understands and agrees that he/she, as a pre-condition of employment will undergo a physical examination by a physician chosen by TNSA prior to my employment.

I also recognize, understand and agree that the physical examination will include testing for the presence of illegal drugs, narcotics and controlled dangerous substances, and that in the event of a positive result of same, I will be denied employment and waive any and all right to continue to seek said employment.

I also recognize, understand, and agree that if my employment requires a commercial driver's license (CDL) I must be given pre-employment drug and alcohol tests and I may not be hired or assigned to a CDL function unless I pass both tests.

This application will be considered valid for the period of six (6) months. After six (6) months it will be necessary for me to submit a new application.

PLEASE READ CAREFULLY BEFORE SIGNING: By my signature below, I affirm that I have read and understand this application in its entirely and that all statements I have made are true and accurate.

Signature of Applicant		Date	Witness	Date
Signature of Applicant		Dute	Withest	Dute
NOTES:				
FOR EMPLOYER USE ONLY				
Arrange Interview: _Yes []	No []	Position inte	rviewed for:	
Interviewer:		Date:		
Disposition:		Salary Rang	ge:	
Hire Date:				

Township of Neptune Sewerage Authority is an Equal Opportunity/Affirmative Action Employer