

Employment Application

(Please Print)

Applicant Information

| | | | |
|--|-----------------------|---|----------------------------------|
| Name: <i>(last, first, middle initial)</i> | | Date: | |
| Address: <i>(number & street, city, state and zip)</i> | | Social Security Number: | |
| Drivers License Number: <i>(include state)</i> | | Telephone Number: | Date of Birth: <i>(optional)</i> |
| Position Sought: <input type="checkbox"/> Full Time <input type="checkbox"/> Summer | Position applied for: | Are you a resident of New Jersey? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you able to perform the essential functions of the position for which you have applied with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", please explain: | | | |
| Where did you learn of this position? <input type="checkbox"/> Newspaper <input type="checkbox"/> Online <input type="checkbox"/> Other | | Salary or rate of pay expected: | |
| Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever been convicted of a crime which has not been sealed by the court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain: <i>(date, location and charges)</i> | | | |

Record of Education

| Type of School | School Name | Location | Date(s) attended | Major and Degree | Graduate (yes/no)* |
|---|-------------|----------|------------------|------------------|--------------------|
| High School <i>(list year of graduation)</i> | | | | | |
| College | | | | | |
| Graduate School | | | | | |
| Business/Trade/ Vocational | | | | | |

*If you expect to graduate within the next nine months, give month and year you expect to obtain your degree.

List any other schools or training, including armed forces. Give names and location:

List honors, awards and fellowships received:

Employment Experience

List all prior employment. Start with your present position and work back. Account for periods of unemployment in separate blocks in order.

May we contact your present employer regarding your character, qualifications and records of employment?
If "no", please explain under "Reason for Leaving" below.

Yes No

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|--|--|
| Dates of Employment: From To | Exact Title of Position: |
| Salary Earnings: Starting: \$ per Ending: \$ per | Average Hours per Week: |
| Place of Employment: <i>(name)</i> | Address: <i>(number & street, city, state and zip)</i> |
| Phone Number: | Type of Business or Organization: |
| Number of Employees Supervised: <i>(if any)</i> | Name of Immediate Supervisor: |

Reason for Leaving:

Description of Duties, Responsibilities and Accomplishments:

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|--|--|
| Dates of Employment: From _____ To _____ | Exact Title of Position: |
| Salary Earnings: Starting: \$ _____ per Ending: \$ _____ per | Average Hours per Week: |
| Place of Employment: <i>(name)</i> | Address: <i>(number & street, city, state and zip)</i> |
| Phone Number: | Type of Business or Organization: |
| Number of Employees Supervised: <i>(if any)</i> | Name of Immediate Supervisor: |
| Reason for Leaving: | |
| Description of Duties, Responsibilities and Accomplishments: | |

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|--|--|
| Dates of Employment: From _____ To _____ | Exact Title of Position: |
| Salary Earnings: Starting: \$ _____ per Ending: \$ _____ per | Average Hours per Week: |
| Place of Employment: <i>(name)</i> | Address: <i>(number & street, city, state and zip)</i> |
| Phone Number: | Type of Business or Organization: |
| Number of Employees Supervised: <i>(if any)</i> | Name of Immediate Supervisor: |
| Reason for Leaving: | |
| Description of Duties, Responsibilities and Accomplishments: | |

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|--|--|
| Dates of Employment: From _____ To _____ | Exact Title of Position: |
| Salary Earnings: Starting: \$ _____ per Ending: \$ _____ per | Average Hours per Week: |
| Place of Employment: <i>(name)</i> | Address: <i>(number & street, city, state and zip)</i> |
| Phone Number: | Type of Business or Organization: |
| Number of Employees Supervised: <i>(if any)</i> | Name of Immediate Supervisor: |
| Reason for Leaving: | |
| Description of Duties, Responsibilities and Accomplishments: | |

5

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|--|--|
| Dates of Employment: From _____ To _____ | Exact Title of Position: |
| Salary Earnings: Starting: \$ _____ per Ending: \$ _____ per | Average Hours per Week: |
| Place of Employment: <i>(name)</i> | Address: <i>(number & street, city, state and zip)</i> |
| Phone Number: | Type of Business or Organization: |
| Number of Employees Supervised: <i>(if any)</i> | Name of Immediate Supervisor: |
| Reason for Leaving: | |
| Description of Duties, Responsibilities and Accomplishments: | |

Other employment: *(use additional sheets of paper if necessary)*

Licenses or certificates received (*e.g., Wastewater Operator License, Boiler Operator License, etc.*)
Include level of license/certificate and state or licensing authority:

Please use this space to give additional information concerning your experience, education, computer skills or qualifications:

References

List three persons who are not related to you and who have knowledge of your qualifications for the position for which you are applying. Do not repeat names of supervisors listed under employment experience.

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|---|------------------------|
| Full Name: | Occupation: |
| Present Home or Business Address: <i>(number & street, city, state and zip)</i> | |
| Phone Number(s): | Number of Years Known: |

2

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|---|------------------------|
| Full Name: | Occupation: |
| Present Home or Business Address: <i>(number & street, city, state and zip)</i> | |
| Phone Number(s): | Number of Years Known: |

3

| | |
|---|------------------------|
| Full Name: | Occupation: |
| Present Home or Business Address: <i>(number & street, city, state and zip)</i> | |
| Phone Number(s): | Number of Years Known: |

Equal Opportunity Employer

The Passaic Valley Sewerage Commissioners (PVSC) is an equal opportunity employer. Federal and State legislation prohibit discrimination because of age, race, creed, religion, national origin, ancestry, marital status, civil union status, domestic partnership status, sex, gender identity or expression, genetic information, atypical hereditary cellular or blood trait, nationality, affectional or sexual orientation, liability for military service or disability, subject to conditions and limitations applicable alike to all persons.

Certification

I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I also recognize that any intentional false statements or omissions will be automatic grounds for dismissal. I understand that no representative of the Passaic Valley Sewerage Commissioners (PVSC) has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing, and that any such agreement to be enforceable, must be in writing and signed and approved by the PVSC Executive Director or its Commissioners. Further, I authorize the PVSC to verify any and all information contained herein, and to review my criminal and driving history, military, school and disciplinary records from any source.

I hereby certify that all information in this application and all documents attached are true and valid.

Date

Signature

Please complete Employment Application and submit to:

**Passaic Valley Sewerage Commissioners
Attn: Mr. Harry D. Mayo III, Director of Human Resources
600 Wilson Avenue
Newark, NJ 07105**

Please attach any additional information you wish PVSC to consider.