Kearny Municipal Utilities Authority 39 Central Avenue Kearny, New Jersey 07032 973-465-5367

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is or may be used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

sition applied for * : Date: *We only accept applications for positions that are being advertised							
	•						
Last name:							
Address							
Telephone #: Home							
Social Security #:							
Type of employment desired: full-time							
Date you will be available to start work:			_				
Have you ever been previously employed by Have you ever been convicted of a crime? If yes, please explain (a conviction will not au	-	Yes Yes nent):	No				
Drivers license number:		CDL endorsement: yes	no Class	_			
How were you referred to us:				_			
Please provide all employment information fo	or your past three employ	_					
	Position held:						
Address:							
Immediate supervisor and title:							
Dates employed from							
Job summary:							
Reason for leaving:							
Employer:	Position held:						
Address:		Telephone #: _					
Immediate supervisor and title:							
Dates employed from	to	Salary:					
Job summary:							
Reason for leaving:							
Applicant's signature			Date				
Employer:							
Address:	Telephone #:						
Immediate supervisor and title:							
Dates employed from	to	Salary:					

Job summary:						
Reason for leaving:						
Computer skills: List software/programs	and level of proficiency					
Skills and Qualifications Summarize any job-related training, skills, lic	enses, certificates, and/or o	other qualifications:				
Language(s): Other than English	Reading & Writing (Reading & Writing (Circle One)		Verbal (Circle One)		
	Basic Proficient	Fluent	Basic	Proficient	Fluent	
	Basic Proficient	Fluent	Basic	Proficient	Fluent	
Educational History List school name and location, years complete	ed, course of study, and an	ny degrees earned:				
High school:						
College:						
Technical Training:						
Other:						
I hereby authorize the potential employer to c employers, educational institutions, and refer gathering, and using such information to mak I understand that any misrepresentation or mimmediate termination of employment if I am if I am employed, I acknowledge that there is for employment. Accordingly, either I or the employer can term federal or state law. I understand that it is the policy of this organi of that persons need for a reasonable accom I also understand that if I am employed, I will hired. Failure to submit such proof within the I represent and warrant that I have read and	ences. I also hereby release e employment decisions an aterial omission made by memployed, whenever it may no specified length of emploinate the relationship at will zation not to refuse to hire comodation as required by the be required to provide satis required time shall result in	e from liability the poter nd all other persons or one on this application will be discovered. Ill, with or without cause or otherwise discriminate e ADA. Sfactory proof of identity immediate termination	ntial employer and its report and it	oresentatives and such infor cancellation titute an agreathere is no vividual with a station within	of for seeking, mation. of this application or element or contract violation of applicable a disability because	
In order for this application to be consider position applied for.	red, it must be completely	/ filled out. An incom	plete application will n	ot be consid	lered for the	
Please note that if the position has an app considered.	lication closing date, app	olications submitted at	ter the designated clo	sing date w	Il not be	
Applicant's signature			Date		-	