



APPLICATION FOR EMPLOYMENT

PERSONAL *(Please print clearly)*

Last		First		M.I.		Telephone Number	
NAME							
Number and Street		City		State		Zip Code	
ADDRESS							
Are you in the U.S. on a visa that prohibits you from working? YES NO							
New Jersey Driver's License YES NO				Years of Residence			
Driver's License No. _____				In this state: _____ County: _____			
Person to notify in case of accident or emergency:							
Name: _____				Phone Number: _____			
Address: _____				Relationship to you: _____			
Military Service Have you been in the U.S. Military Service? YES NO Honorably Discharged?							
If YES, describe duties while on active duty: _____							
YES NO							

POSITION

Job Applied for: _____		When can you start: _____	
Can you work any assigned shift? YES NO		Are you available weekends? YES NO	
Holidays? YES NO			
Please list any languages other than English which you speak, read or write _____ _____ _____		List and describe any internships, licenses, certifications or registrations connected with your profession or trade. (Give name of state in which license, certification or registration is held) _____ _____ _____	

Machines operated and/or special skills (including steno, software programs):

Typing? YES NO WPM:

Have you any previous New Jersey State, County or Municipal Employment?

YES	Permanent	Employer	Date:
NO	Temporary	Department	Job Title:

WORK EXPERIENCE *(List most recent employer first)*

Present or last employer:	Street Address:	Supervisor's name:
---------------------------	-----------------	--------------------

Time Employed: Mo. Yr. To Mo. Yr.	City State Zip	Phone Number:
Your Duties:		Starting Salary:
Reason for Leaving:		Final Salary:
Previous employer:	Street Address:	Supervisor's name:
Time Employed: Mo. Yr. To Mo. Yr.	City State Zip	Phone Number:
Your Duties:		Starting Salary:
Reason for Leaving:		Final Salary:
Previous employer:	Street Address:	Supervisor's name:
Time Employed: Mo. Yr. To Mo. Yr.	City State Zip	Phone Number:
Your Duties:		Starting Salary:
Reason for Leaving:		Final Salary:
ADDITIONAL INFORMATION (Attach resume):		

How were you referred to NBCUA? Newspaper (give name): _____ Walk-in Employee (give name): _____ Other (indicate): _____
--

REFERENCES

Do not give relatives or former employers as references. Check here if you do not want us to contact your present employer _____

Name	Address	Telephone	Business or Occupation	Known how long?

Give name of any relative working for NBCUA _____	In what department do they work? _____
---	--

**NORTHWEST BERGEN COUNTY UTILITIES AUTHORITY
AGREEMENT**

I CERTIFY that answers given herein are true and complete to the best of my knowledge. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I UNDERSTAND that as a condition of employment, I may be required to pass the Authority's employment physical and any future physical examinations required by the NBCUA.

I HEREBY AUTHORIZE the Authority to contact former employers, and/or other reference sources, as part of the evaluation of my application for employment, and I hereby release such reference sources from any liability for the consequences of information which they may release to the Authority.

I UNDERSTAND that this application is not intended to be a contract of employment;

I ALSO AGREE, upon termination of employment, to return any Authority property issued to me, or to allow reasonable value of same to be deducted from my wages or to pay the replacement cost of same to the Authority before my final check will be released to me.

Date of Application _____ Signature of Applicant _____

Federal law prohibits discrimination in employment because of race, color, religion, age, gender, disability, marital or veteran status, sexual orientation or national origin.