



**NORTHWEST BERGEN COUNTY  
UTILITIES AUTHORITY**

30 Wyckoff Avenue  
at Authority Drive  
P.O. Box 255  
Waldwick, NJ 07463

Tel: 201.447.2660  
Fax: 201.447.0247  
www.nbcua.com

**APPLICATION FOR EMPLOYMENT**

**PERSONAL** *(Please print clearly)*

Last		First		M.I.	Telephone Number
<b>NAME</b>					
Number and Street		City		State	Zip Code
<b>ADDRESS</b>					
New Jersey Driver's License				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?					Honorably Discharged?
If YES, describe duties while on active duty:					

**POSITION**

Job Applied for:		When can you start:	
Can you work any assigned shift?		Are you available weekends?	Holidays?
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?		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): _____
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**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?
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**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.