



MOUNT HOLLY MUNICIPAL UTILITIES AUTHORITY
1 Park Drive, P O Box 486
Mount Holly, NJ 08060
609-267-0015 Fax: 609-267-5420

APPLICATION FOR EMPLOYMENT

Name: _____ Date _____
Last First Middle

Present Address: _____

Are you 18 years or older: Yes ___ No ___ Phone No. _____

Length of time at this address: _____ If less than 10 years, provide previous addresses for last 10 years:

In case of emergency, notify/relationship: _____

Address and phone number: _____

Do you have a valid driver's license? Yes ___ No ___ Which State _____

Do you have a valid CDL? Yes ___ No ___ Which State _____

Pursuant to federal law, proof of US Citizenship or immigration status will be required if you are hired. Criminal history and other background checks will be required if you are provided with a Conditional offer of employment.

EMPLOYMENT DESIRED:

Position: _____ Date you can start: _____ Salary desired: \$ _____

Are you employed now? _____ If so, can we contact your present employer? _____

Have you ever applied to the MHMUA before? Yes ___ No ___ If so, when _____

Have you ever worked for the MHMUA before? Yes ___ No ___ If so, when _____

Reason for leaving prior employment by the MHMUA: _____

Do you have any relatives who work for the MHMUA? _____

EDUCATION:

School Level	Name / Location of School	No. of years attended	Did you graduate	Major area of study
Grammar School				XXXXXXXXXXXXXX
High School				
College				
Trade, business or correspondence school				

SPECIAL SKILLS:

Subjects of special study or research work: _____

Special training: _____

Special skills: _____

Special licenses or permits: _____

List memberships in any union or professional or trade organizations: _____

List memberships in any civic or service organizations: _____

FORMER EMPLOYERS: (List below last three employers, starting with last one first)

Name and address of present or last employer: _____

Date started: _____

Leaving Date: _____

Weekly starting salary: _____

Weekly final salary: _____

Job Title: _____

May we contact your supervisor? _____

Name and title of supervisor: _____

Phone No. _____

Description of work: _____

Reason for leaving: _____

Name and address of present or last employer: _____

Date started: _____

Leaving Date: _____

Weekly starting salary: _____

Weekly final salary: _____

Job Title: _____

May we contact your supervisor? _____

Name and title of supervisor: _____

Phone No. _____

Description of work: _____

Reason for leaving: _____

Name and address of present or last employer: _____

Date started: _____

Leaving Date: _____

Weekly starting salary: _____

Weekly final salary: _____

Job Title: _____

May we contact your supervisor? _____

Name and title of supervisor: _____

Phone No. _____

Description of work: _____

Reason for leaving: _____

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name

Address

Business

Years
Acquainted

1.			
2.			
3.			

SERVICE RECORD:

Branch of Service: _____ Induction Date: _____

Rank: _____ Discharge Date: _____

AUTHORIZATION:

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

I authorize investigation of all statements, previous employers, and references contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In consideration of my employment, I agree to conform to the MHMUA's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at either my or the MHMUA's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause, and with or without notice, at any time by the MHMUA. I understand that no MHMUA representative other than The Mount Holly Municipal Utilities Authority (MHMUA) acting as a body, and then only when in writing, has any MHMUA to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Date: _____ Signature: _____

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER:

The Mount Holly Municipal Utilities Authority (MHMUA) is an Equal Employment Opportunity Employer. Applicants are considered for all positions, and are treated without regard to race, creed, color, national origin, nationality, ancestry, age, marital status, affectional or sexual orientation, genetic information, sex, atypical hereditary cellular or blood trait, liability for military service in the Armed Forces of the United States, handicap or disability. All qualified applicants are welcome to submit applications for employment. As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

ARBITRATION AGREEMENT

As a condition of my employment with The Mount Holly Municipal Utilities Authority (MHMUA), I agree to waive my right to a jury trial in any action or proceeding related to my employment with the MHMUA. This waiver shall apply to any claims that I may have under either federal or state law including, but not limited to, claims under the Law Against Discrimination, the Family Leave Act or the Americans with Disabilities Act. I understand and acknowledge that I am waiving my right to a jury trial voluntarily and knowingly, and free from duress or coercion of any type. I acknowledge and understand that I have a right to consult with a person of my own choosing, including an attorney-at-law, before signing this document.

I hereby agree that all disputes with the MHMUA relating to my employment or termination that are covered by the provisions of any collective bargaining agreement shall be presented and decided in accordance with the terms of that collective bargaining agreement. I further agree that all other claims that I may have under federal or state law relating to my employment with, or termination by the MHMUA, including but not limited to claims under the

Law Against Discrimination, the Family Leave Act or the Americans with Disabilities Act, shall be decided by an arbitrator pursuant to the labor relations procedures of the American Arbitration Association.

I understand and acknowledge that the New Jersey Supreme Court has upheld the validity of this form of arbitration agreement in the case of *Martindale v. Sandvik, Inc.*, 173 N.J. 76 (2002) and I further agree not to challenge or contest the validity of this arbitration agreement in any state or federal court.

I acknowledge that the MHMUA has given adequate consideration, that is, something of value to me, in exchange for the promises that I have made in this arbitration agreement. This consideration includes the MHMUA's willingness to consider me for employment and, if an offer is extended, the commencement of employment, the provision of compensation during the period of employment and my on-going employment with the MHMUA.

I have read the foregoing arbitration agreement and understand it completely. I agree to be bound by this arbitration agreement.

Signature: _____

Print Name: _____

Dated: _____

Voluntary Affirmative Action Information

Applicants are not required to provide this information. Provide only if you wish.

If information is provided on this page, it will be filed separately from the job application. This information will be used only for purposes of the MHMUA's affirmative action program

APPLICANT INFORMATION

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home: _____ - _____ - _____ Work: _____ - _____ - _____ Cell: _____ - _____ - _____

Position Applied For: _____

How did you learn about this position?

Advertisement ___ Employment Agency ___ Friend ___
Relative ___ Walk-in ___ Other (Explain) _____

Information Regarding Status

Gender: Male ___ Female ___

Other Protected Groups (check where appropriate)

Individual with a disability ___
Vietnam-era veteran (served between 1964 and 1975) ___
Disabled veteran ___

FOR MHMUA USE ONLY

Hired: Yes ___ No ___

Position: _____ Start Date: _____

Circle the number of the EEO job classification below that best describes the position for which the applicant applied?

- | | | |
|---------------------------|----------------------------|-------------------------------|
| 1. Official and Manager | 2. Professionals | 3. Office and clerical worker |
| 4. Craft worker (skilled) | 5. Operator (semi-skilled) | 6. Laborer (unskilled) |
| 7. Technician | 8. Service worker | 9. Other _____ |

MHMUA Representative

Date