

Employment Application

			App	licant Ir	nforma	ation				
Full Name:	ne:				Date:					
Address:	Street Address						Apartment/Unit #			
	City						State	ZIP Code		
Phone:				E	mail					
Date Availa	_ Social S	Social Security No.:				Desired Salary:				
Position Ap	pplied 									
Are you a ci	tizen of the United Sta	ates?	YES	NO	If no, a	re you a	uthorized to w	vork in the U.S.?	YES	NO
Have you e	ver worked for this co	mpany?	YES	NO	If yes,	when?_				
Have you e	ver been convicted of	a felony?	YES	NO						
If yes, expla	in:									
				Educa	ation					
High School	:			\ddress:_						
From:	To:	Did	you gr	aduate?	YES	NO	Diploma:			
College:				\ddress:_						
From:	To:	Did	you gr	aduate?	YES	NO	Degree:			
Other:				Address:						
From:	To:	Did	vou ar	aduate?	YES	NO	Degree:			

References

Please list three prof	essional references.				
Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Compony				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
	Previous E	mploym	ent		
Company:				Phone:	
Address:					
Job Title:					
Responsibilities:					
From:				: <u> </u>	
May we contact your p	previous supervisor for a reference?	YES	NO		
Address:				_ Supervisor:	
Job Title:				-	-
Responsibilities:					
From:	To:		or Leaving	:	
May we contact your p	previous supervisor for a reference?	YES	NO		

Company:			Phone:
Address:		;	Supervisor:
Job Title:			
Responsibilities:			
From: To:	Reason f	or Leaving:	
May we contact your previous supervisor for a reference?	YES	NO	
Military	Service		
Branch:		From:	To:
Rank at Discharge:	Type of	Discharge:	
If other than honorable, explain:			
East Windsor is an equal opportunity employer. This application we consideration for employment on a basis prohibited by local, state. If you are hired by the East Windsor Municipal Utilities Authors employment eligibility, and to present documents confirming you cannot comply with these requirements. I certify that the responses contained in this application (and access knowledge. I understand that any false statement, omission, or making, or dismissal if I have been employed, no matter when discover I understand that any employment is conditioned on a backgrous statements contained in my application or resume, and I authorize my former employment, character and general reputation to the E.W. I release the E.W.M.U.A any former employers and all references out of or related to such investigation or disclosure.	or Federal Laity (E.W.M.U.your identity companying representated by the Earnd check. It is not former emy.W.M.U.A, with	aw. J.A) you will be ty and employn esume, if any) a tion on this app ast Windsor Mu authorize the li ployers and reference	required to attest to your identity and nent eligibility. You cannot be hired if are true and complete to the best of my blication is sufficient cause for refusal to unicipal Utilities Authority. E.W.M.U.A to thoroughly investigate all be rences to disclose information regarding rior notice of such disclosure. In addition,
Olemantum a			Date:
AT WILL EMPLOYMENT:			
The relationship between you and the East Windsor Municipal Utili	ities Authority	y is referred to a	as "Employment at Will".
I understand and agree that nothing contained in this application, or contract. I further understand and agree that if I am hired, my employ at any time, with or without cause and without prior notice, at the employment have been made to me, and I understand that no suc an authorized E.W.M.U.A representative.	oyment will be e option of e	e "at will" and w ither myself or	ithout fixed term, and may be terminated the E.W.M.U.A. No promises regarding
If I am offered employment, I agree to submit to a medical examinalso agree to submit to a medical examination or drug test at any to I consent to such examinations and I request that the examining confidential and segregated from my personnel file. I understand the by law, is contingent upon satisfactory medical examinations and d I abide by the East Windsor Municipal Utilities Authority's Drug and I understand that acceptance of this form does not indicate there hired, I agree to abide by all work rules, policies, and procedures revise its policies, in whole or in part, at any time.	ime deemed g doctor disc nat my emplo frug tests, and d Alcohol Pol is a positior	appropriate by lose to the E.W yment or contin d if I am hired, a licy. n open and doe	the E.W.M.U.A and as permitted by law. V.M.U.A the results, which shall remain ued employment, to the extent permitted a condition of my employment will be that as not obligate the E.W.M.U.A to hire. If
Signature:			Date: