



NORTH JERSEY DISTRICT WATER SUPPLY COMMISSION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

APPLICATION FOR EMPLOYMENT (PLEASE PRINT)

instructions	<p>Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, except for signature on back of Application. All information you give on this application will be held in strict confidence.</p>					
personal data	Position(s) Applied For _____					Date of Application _____
	How Did You Learn About Us?					
	_____ Advertisement		_____ Friend		_____ Walk-In	
	_____ Employment Agency		_____ Relative		_____ Other _____	

	Last Name _____		First Name _____		Middle Name _____	
	Address _____		Number _____	Street _____	City _____	State _____ Zip Code _____
	Telephone Number(s) _____				Social Security Number _____	

	Length of residence in New Jersey _____					
general	Who is to be notified in case of an emergency?					
	Name _____		Relationship _____		Address _____	Telephone No. _____

	If you are under 18 years of age, can you provide required proof of your eligibility to work?					_____ Yes _____ No
	Have you ever filed an application with us before?					_____ Yes _____ No
						If Yes, give date _____
	Are you currently employed?					_____ Yes _____ No
	May we contact your present employer?					_____ Yes _____ No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?					_____ Yes _____ No	
Have you ever worked under another name or were you educated under another name (necessary to verify applicant's qualifications)					_____ Yes _____ No	
On what date would you be available for work? _____						
Are you available to work: _____ Full Time _____ Part Time _____ Shift Work _____ Temporary						
Are you currently on "lay-off" status and subject to recall?					_____ Yes _____ No	
Can you travel if a job requires it?					_____ Yes _____ No	
Have you been convicted of a felony within the last 7 years?					_____ Yes _____ No	
If Yes, please explain _____						

	Elementary School	High School	Undergraduate College/University	Graduate Professional
education	School Name and Location			
	Years Completed			
	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
	Diploma/Degree			
	Describe Course of Study			
	Describe any specialized training, apprenticeship, skills and extracurricular activities			
	Describe any honors you have received			
special qualifications	State any additional information you feel may be helpful to us in considering your application			
	Indicate any foreign languages you can speak, read and/or write if relevant to the position you are applying for:			
	<div>FLUENT</div> <div>GOOD</div> <div>FAIR</div>			
	SPEAK			
	READ			
	WRITE			
	List professional, trade, business or civic licenses and/or offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age or handicap or other protected status:			
references	Have you ever had any job-related training in the United States military? ___ Yes ___ No			
	If Yes, please describe			
	Are you physically or otherwise unable to perform the duties of the job for which you are applying? ___ Yes ___ No			
employment experience	Give name, address and telephone number of three references who are not related to you and are not previous employers.			
	1.			
	2.			
	3.			
	4.			
	Start with your present or last job. Include any job-related United States military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.			
	Employer	Dates Employed		WORK PERFORMED
		From	To	
Address				
Telephone Number(s)				
Job Title		Supervisor		
Reason for Leaving				

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	From	To	
Address			
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Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Have you previously been employed by North Jersey District Water Supply Commission?

☐ Yes ☐ No If yes, state period of employment and reason for termination: _____

applicant's statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Board of Commissioners of the North Jersey District Water Supply Commission.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks

Interviewer Date

Employed ☐ Yes ☐ No Date of Employment

Job Title Department

By Name and Title Date

NOTES

personnel department use only



To: All Applicants for Employment to the North Jersey District Water Supply Commission

RELEASE OF RECORDS AUTHORIZATION

By signing below, I authorize the North Jersey District Water Supply Commission (the "Commission") to verify all information provided by me and understand that the Commission may procure or have prepared a consumer or investigative consumer report to verify, among other things, prior employment or military record, education, character, general reputation, personal characteristics, criminal record and mode of living. I understand that upon written request to the Commission, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.

By signing below, I further authorize and request that all of my present and former employers, educational institutions and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, and hereby release them from any and all liability for furnishing the requested information.

Signature

Date