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APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? Yes No

Have you ever been terminated from employment or asked to resign by an employer?
 Yes No

If **yes**, please provide company names and details _____

Can you work any shift? Yes No

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Do you possess a current driver's license? Yes No

Do you possess a CDL license? Yes No





EMPLOYMENT DESIRED

Date you can start _____

Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? _____

If so may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? _____

Have you ever worked for this company before? ___ Yes ___ No

Explain _____

Do you know anyone who works for our company? ___ Yes ___ No

If yes, who? _____

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/ Major
High School				
College or University				
Trade, Business or Correspondence School				

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Computer Skills (please describe):



EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
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Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	

Reason for leaving			
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From	To	Employer	Telephone
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From	To	Employer	Telephone
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Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	

Reason for leaving			
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REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years, who can attest to your character, job skills, knowledge and abilities.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

Western Monmouth Utilities Authority is an equal opportunity employer. Western Monmouth Utilities Authority does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Western Monmouth Utilities Authority to hire me. If I am hired, I understand that either Western Monmouth Utilities Authority or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Western Monmouth Utilities Authority has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Western Monmouth Utilities Authority true and complete information on this application. No requested information has been misrepresented or concealed. I authorize Western Monmouth Utilities Authority to contact my references. I also authorize Western Monmouth Utilities Authority to contact my former employers and I authorize them to release any information concerning my previous employment. If any information I have provided is untrue, or misleading or if I have concealed material information, I understand that this will constitute cause for the denial of employment or if hired, immediate dismissal.

Date _____

Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.