

# THE EVESHAM MUNICIPAL UTILITIES AUTHORITY

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_

Are you 18 year 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: \_\_\_\_\_

At 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 \_\_\_\_\_

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### 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 Authority before? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when \_\_\_\_\_

Have you ever worked for the Authority before? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when \_\_\_\_\_

Reason for leaving prior employment by the Authority: \_\_\_\_\_

Do you have any relatives who work for the Authority? \_\_\_\_\_

**EDUCATION:**

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

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**SPECIAL SKILLS:**

Subjects of special study or research work: \_\_\_\_\_

Special training: \_\_\_\_\_

Special skills: \_\_\_\_\_

Special licenses or permits: \_\_\_\_\_

What foreign languages do you speak fluently? \_\_\_\_\_

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**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: \_\_\_\_\_

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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 information submitted by me on this application is true and complete and I understand that if 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 Authority'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 Authority's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Authority. I understand that no Authority representative other than The Evesham Municipal Utilities Authority acting as a body, and then only when in writing, has any authority 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 Evesham Municipal Utilities Authority 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 an employer, the Authority complies with government regulations and affirmative action responsibilities.

## ARBITRATION AGREEMENT

As a condition of my employment with The Evesham Municipal Utilities Authority, I agree to waive my right to a jury in any action or proceeding related to my employment with the Authority. 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 Authority 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 Authority, 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 Authority 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 Authority'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 Authority.

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_