

THE EVESHAM MUNICIPAL UTILITIES AUTHORITY

APPLICATION FOR EMPLOYMENT

The Opportunity to Compete Act, N.J.S.A. 34:6B-11 to 19, went into effect on March 1, 2015. Under this new law, an employer cannot make any inquiry—either verbally or in writing, including in an employment application—about an applicant’s criminal record during the Initial Employment Application Process, unless one of the limited exceptions below applies.

The Initial Employment Application Process refers to “the period beginning when an applicant for employment first makes an inquiry to an employer about a prospective employment position or job vacancy or when an employer first makes any inquiry to an applicant for employment about a prospective employment position or job vacancy, and ending when an employer has conducted a first interview, whether in person or by any other means, of an applicant for employment.” Employers can make this inquiry after the Initial Employment Application Process has concluded (i.e., post-interview).

The Act allows employers to request criminal history information before the first interview in the following limited circumstances:

- If an applicant voluntarily discloses his or her criminal history during the Initial Employment Application Process.
- Where the applicant is seeking a position in law enforcement, corrections, the judiciary, homeland security or emergency management.
- Where the applicant is seeking a position where a criminal history record background check is required by law, rule or regulation.
- Where the applicant may be legally precluded from holding the position by virtue of his or her arrest or conviction.
- Where any law, rule or regulation restricts an employer’s ability to engage in specified business activities based on the criminal records of its employees.
- Where the applicant is seeking a position designated by the employer as part of a program designed predominately to encourage the employment of persons who have a criminal record.

Job applicants are considered for all positions without regard to race, creed, color, national origin, sex, affectional or sexual orientation, age, religion, marital, or veteran’s status, or disability. The State will not tolerate any form of discrimination or sexual harassment.

The Americans with Disabilities Act of 1990 as amended prohibits employers from discriminating against any qualified person on the basis of a disability. The State of New Jersey makes reasonable accommodations during all aspects of the employment process, such as testing and interviews. The State also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential job functions and to participate equally with co-workers without disabilities. However, the State can only make reasonable accommodations when it is aware of a disability. It is up to you to inform the prospective employer if you need a reasonable accommodation. The employer may ask you for documentation to support your request for a reasonable accommodation.

The Evesham Municipal Utilities Authority is an Equal Opportunity Employer

THE EVESHAM MUNICIPAL UTILITIES AUTHORITY APPLICATION FOR EMPLOYMENT

Proof of Age, Education, Military Status, and Citizenship may be required upon employment offer

Please Print or Type answers. Feel free to add any information which will help to place you.
Please be aware that misrepresentation may be cause for removal.

Name: _____
 Last First Middle

Address: _____
 Number, Street, Apartment Number etc.

City: _____, State: _____ Zip Code: _____

Phone: _____ Cell: _____

E-Mail: _____

If mailing address is different than above, please provide address:

Number, Street, Apartment Number etc.

City: _____, State: _____ Zip Code: _____

Position applying for or type of work: _____

Are you able to perform the essential functions of the position for which you are applying with
or without reasonable accommodation? _____

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

Date you can start: _____ Salary desired: _____

Have you ever applied to the Authority before? _____ If yes, when _____

Have you ever worked for the Authority before? _____ If yes, when and reason for leaving
prior employment with the Authority: _____

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

Do you possess a driver's license that is valid in New Jersey? _____

Do you possess a Commercial Driver License? _____

(Answer these questions only if it is a requirement of the job specifications)

Are you a Veteran? _____

Are you now or have you ever been a member of any Public Employee's Retirement System? _____

If yes, indicate system name and membership number: _____

Have you ever worked or been educated under a different name? _____ If yes, specify here: _____

Are you engaged in any business activity or employment which you plan to continue if employed by the Authority? If yes, your outside employment will be subjected to further review regarding conflicts of interest.

No _____ Yes _____ If yes, please explain: _____

EDUCATION

High School

Name/Location	
No. of Years Attended	
Did you Graduate?	
Major Area of Study	

College/University

Name/Location	
No. of Years Attended	
Did you Graduate?	
Major Area of Study	

Graduate School

Name/Location	
No. of Years Attended	
Did you Graduate?	
Major Area of Study	

Trade, Business or Military Training

Name/Location	
No. of Years Attended	
Did you Graduate?	
Major Area of Study	
For Military Training Provide Branch of Service, Rank, Induction and Discharge Dates:	

Skills:

Special Training: _____

Special Skills: _____

Licenses or Permits: _____

Foreign Language Abilities: (Answer is Optional) If there are any foreign languages, including sign language, in which you are proficient enough to communicate on a job, and are willing to use on the job (now and in the future) please list them here: _____

Previous Employment

(List your last three employers, starting with the last one first)

1.) Name and address of present or last employer: _____

Job Title: _____

Name, title and telephone number of Supervisor: _____

May we contact your Supervisor? _____

Description of Work: _____

Start Date: _____

Leaving Date: _____

Reason for Leaving: _____

2.) Name and address of present or last employer: _____

Job Title: _____

Name, title and telephone number of Supervisor: _____

May we contact your Supervisor? _____

Description of Work: _____

Start Date: _____

Leaving Date: _____

Reason for Leaving: _____

3.) Name and address of present or last employer: _____

Job Title: _____

Name, title and telephone number of Supervisor: _____

May we contact your Supervisor? _____

Description of Work: _____

Start Date: _____

Leaving Date: _____

Reason for Leaving: _____

References

List three people unrelated to you, which you have known for at least one year whom we may contact for information concerning your qualifications.

1.

Name:	
Address:	
Phone Number:	
Occupation:	
Years Acquainted:	

2.

Name:	
Address:	
Phone Number:	
Occupation:	
Years Acquainted:	

3.

Name:	
Address:	
Phone Number:	
Occupation:	
Years Acquainted:	

Authorization

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.

I authorize my former employers to release any information they may have concerning my employment record and I release the Authority and all previous employers listed above from all liability whatsoever that may issue from securing this information. I further authorize representatives of the Authority to verify any and all information contained in this application, including education history, and to review any and all **criminal history**, military and disciplinary records of any source.

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: _____

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: _____

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.