



**EMPLOYMENT APPLICATION**

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

<b>Applicant Information:</b>	
Name (Last, First, Middle): _____	
Address: _____	
City/Town, State, Zip: _____	
Phone (Home): _____	(Cell): _____

**Position applying for:** \_\_\_\_\_

**Have you ever applied to the Authority before:** \_\_\_\_\_ **If yes, give date:** \_\_\_\_\_

**Date you can start:** \_\_\_\_\_ **Salary desired:** \_\_\_\_\_

**Are you currently employed:** \_\_\_\_\_

**May we contact your current employer:** \_\_\_\_\_

**Do you possess a current driver's license:** \_\_\_\_\_

**Do you possess a current commercial driver's license:** \_\_\_\_\_

**If so, are you registered with the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearing House?** \_\_\_\_\_

**Are you legally eligible to work in the United States of America:** \_\_\_\_\_

**In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.**

**The Township of Hillsborough Municipal Utilities Authority  
is an Equal Opportunity Employer M/F/D/V**

**Employment History:** This section must be completed even if you attach a resume. List the greater of your last four employers or three years of work history and major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

<b>Employer:</b> _____	<b>Date Started:</b> _____	<b>Date left:</b> _____
<b>Address:</b> _____ _____	<b>Work performed/Responsibilities:</b>	
<b>Job Title:</b> _____		
<b>Reason for Leaving:</b> _____		
<b>Supervisor's name and phone number:</b> _____		
<b>May we contact for a reference:</b> _____		

<b>Employer:</b> _____	<b>Date Started:</b> _____	<b>Date left:</b> _____
<b>Address:</b> _____ _____	<b>Work performed/Responsibilities:</b>	
<b>Job Title:</b> _____		
<b>Reason for Leaving:</b> _____		
<b>Supervisor's name and phone number:</b> _____		
<b>May we contact for a reference:</b> _____		

<b>Employer:</b> _____	<b>Date Started:</b> _____	<b>Date left:</b> _____
<b>Address:</b> _____ _____	<b>Work performed/Responsibilities:</b>	
<b>Job Title:</b> _____		
<b>Reason for Leaving:</b> _____		
<b>Supervisor's name and phone number:</b> _____		
<b>May we contact for a reference:</b> _____		

<b>Employer:</b> _____	<b>Date Started:</b> _____	<b>Date left:</b> _____
<b>Address:</b> _____ _____	<b>Work performed/Responsibilities:</b>	
<b>Job Title:</b> _____		
<b>Reason for Leaving:</b> _____		
<b>Supervisor's name and phone number:</b> _____		
<b>May we contact for a reference:</b> _____		

**Comments:**

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**Education:** Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For High School and post secondary education, indicate any major or specialty, such as Academic, Business or Trade.

School	(CIRCLE)				(CIRCLE)		Major Field:
	Years Completed				Graduated:		
Elementary:	5	6	7	8	yes	no	N/A
High School:	1	2	3	4	yes	no	
College:	1	2	3	4	yes	no	
Other:	1	2	3	4	yes	no	

**Special Skills & Experience:** State any special skills, experience, training, licenses, certifications, or other factors that make you especially qualified for the position for which you are applying.

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**Comments & Additional Information:** Is there any additional information about you that might prove beneficial in the selection process?

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**References:** Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They must not be relatives

Name & Address:	Phone Number:	Years Known:

**In case of  
Emergency**

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Name Address Phone No. 3

**Understanding and Agreement:**

As an applicant for a position with the Township of Hillsborough Municipal Utilities Authority, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true or accurate. If hired, I understand that I may be separated from employment if the Authority later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Hillsborough MUA the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Authority the right to secure additional job-related information about me. I release the Township of Hillsborough Municipal Utilities Authority and its representatives from all liability for seeking such information. I understand that the Township of Hillsborough Municipal Utilities Authority is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Authority will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Authority may terminate me at any time in accordance with its established policies and procedures. No representatives of the Authority may make any assurance to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, and/or psychological tests. I also understand that some positions may involve complete background, driver's license, and criminal checks.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Condition of Employment:**

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to the Township of Hillsborough Municipal Utilities Authority personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. *For your application to be considered, you must sign and date below.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HIRED    YES        NO            POSITION \_\_\_\_\_  
SALARY/WAGE \_\_\_\_\_ POTENTIAL START DATE \_\_\_\_\_  
90-DAY PROB \_\_\_\_\_