



Willingboro Municipal Utilities Authority EMPLOYMENT APPLICATION

DATE / /

NAME (Last, First, MI)	SOCIAL SECURITY NO.	TELEPHONE NUMBER
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ADDRESS (Number & Street)	CITY	STATE	ZIP CODE	ARE YOU UNDER 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>
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CIRCLE HIGHEST GRADE COMPLETED:

Grade School 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Highest Degree Earned: _____

LIST ANY VOCATIONAL SCHOOLS, COLLEGES, UNIVERSITIES, AND GRADUATE SCHOOLS WHICH YOU HAVE ATTENDED

Name of School	Dates Attended	Graduated?	Major Area of Study	Degree or License
	<i>From:</i> <i>To:</i>	YES NO		
	<i>From:</i> <i>To:</i>	YES NO		

<p>1. HOW LONG HAVE YOU RESIDED IN WILLINGBORO? _____</p> <hr/> <p>3. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(If yes, give details in Item 12)</i></p> <p>I consent to a full background check. _____</p>	<p>2. LICENSES AND/OR SPECIAL SKILLS:</p>
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4. MILITARY EXPERIENCE	BRANCH OF SERVICE:	DATES IN SERVICE:
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5. VALID DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	6. POSITION APPLIED FOR?
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7. ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?
YES NO

8. HAVE YOU NOW OR HAVE YOU EVER HAD ANY MENTAL ILLNESS, PHYSICAL DEFECT, CHRONIC DISEASE OR OTHER DISABILITY THAT WOULD PERVERT YOU FROM FUFILLING THE REQUIREMENTS OF THE POSITION APPLIED FOR? YES NO
(If yes, explain in Item 12)

THIS WILL NOT NECESSARILY PRECLUDE YOU FROM OBTAINING EMPLOYMENT UNLESS THE NATURE OF THE ILLNESS, ETC., WOULD SERIOUSLY HINDER YOUR ABILITY TO PERFORM THE JOB.

9. PLEASE LIST ANY LANGUAGES, OTHER THAN ENGLISH, WHICH YOU SPEAK, READ OR WRITE:

10. HAVE YOU EVER BEEN EMPLOYED BY THIS AUTHORITY?
YES NO *(If yes, when?)* From: _____ To: _____

IN WHAT CAPACITY? _____ UNDER WHAT NAME? _____

11. HOW DID YOU HEAR ABOUT THIS POSITION?


12. COMMENTS AND/OR EXPLANATION FOR NUMBERS 3 AND 8

14. WORK EXPERIENCE: *(List most recent employer first)* Attach additional sheets, if necessary.

<p>NAME AND ADDRESS OF EMPLOYER:</p> <p>DATES EMPLOYED IN THIS POSITION From _____ To _____</p> <p>Full Time Number of hours Part Time per week _____</p>	<p>TITLE OF YOUR POSITION:</p> <p>REASON FOR LEAVING:</p>	<p>DESCRIBE YOUR DUTIES IN DETAIL:</p>
<p>NAME AND ADDRESS OF EMPLOYER:</p> <p>DATES EMPLOYED IN THIS POSITION From _____ To _____</p> <p>Full Time Number of hours Part Time per week _____</p>	<p>TITLE OF YOUR POSITION:</p> <p>REASON FOR LEAVING:</p>	<p>DESCRIBE YOUR DUTIES IN DETAIL:</p>
<p>NAME AND ADDRESS OF EMPLOYER:</p> <p>DATES EMPLOYED IN THIS POSITION From _____ To _____</p> <p>Full Time Number of hours Part Time per week _____</p>	<p>TITLE OF YOUR POSITION:</p> <p>REASON FOR LEAVING:</p>	<p>DESCRIBE YOUR DUTIES IN DETAIL:</p>

15. POSITION DESIRED:

16. OTHER POSITIONS FOR WHICH YOU FEEL QUALIFIED:

<p>SIGNATURE OF APPLICANT </p>	<p>I CERTIFY that the information on this application is true and correct to the best of my knowledge. If I am appointed on this basis of any misstatement herein, I acknowledge that I am subject to removal.</p> <p>SIGNATURE _____ DATE / /</p>
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INTERVIEWER'S COMMENTS:



TEST SCORES

<p>TYPING (W.P.M.)</p>	<p>SHORTHAND (W.P.M.)</p>	<p>OTHER</p>
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