



MOUNT HOLLY MUNICIPAL UTILITIES AUTHORITY  
1 Park Drive, P O Box 486  
Mount Holly, NJ 08060  
609-267-0015 Fax: 609-267-5420

APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

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

Are you 18 years 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/relationship: \_\_\_\_\_

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 \_\_\_\_\_

Pursuant to federal law, proof of US Citizenship or immigration status will be required if you are hired. Criminal history and other background checks will be required if you are provided with a Conditional offer of employment.

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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 MHMUA before? Yes \_\_\_ No \_\_\_ If so, when \_\_\_\_\_

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

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

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

**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				

**SPECIAL SKILLS:**

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

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

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

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

List memberships in any union or professional or trade organizations: \_\_\_\_\_

List memberships in any civic or service organizations: \_\_\_\_\_

**FORMER EMPLOYERS: (List below last three employers, starting with last one first)**

Name and address of present or last employer: \_\_\_\_\_

Date started: \_\_\_\_\_

Leaving Date: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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.			

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SERVICE RECORD:

Branch of Service: \_\_\_\_\_ Induction Date: \_\_\_\_\_

Rank: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

AUTHORIZATION:

I certify that all the information submitted by me on this application is true and complete and I understand that if any 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 MHMUA'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 MHMUA's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause, and with or without notice, at any time by the MHMUA. I understand that no MHMUA representative other than The Mount Holly Municipal Utilities Authority (MHMUA) acting as a body, and then only when in writing, has any MHMUA 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 Mount Holly Municipal Utilities Authority (MHMUA) 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 employers/government contractors, we comply with government regulations and affirmative action responsibilities.

ARBITRATION AGREEMENT

As a condition of my employment with The Mount Holly Municipal Utilities Authority (MHMUA), I agree to waive my right to a jury trial in any action or proceeding related to my employment with the MHMUA. 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 MHMUA 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 MHMUA, 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 MHMUA 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 MHMUA'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 MHMUA.

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

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

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

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

### Voluntary Affirmative Action Information

Applicants are not required to provide this information. Provide only if you wish.

*If information is provided on this page, it will be filed separately from the job application. This information will be used only for purposes of the MHMUA's affirmative action program*

#### APPLICANT INFORMATION

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

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell ----- \_\_\_\_\_

Position Applied For: \_\_\_\_\_

How did you learn about this position?

Advertisement \_\_ Employment Agency\_\_ Friend\_\_  
Relative \_\_ Walk-in \_\_ Other (Explain) \_\_\_\_\_

#### Information Regarding Status

Gender: Male \_\_ Female \_\_

#### Other Protected Groups (check where appropriate)

Individual with a disability \_\_  
Vietnam-era veteran (served between 1964 and 1975) \_\_  
Disabled veteran \_\_

#### FOR MHMUA USE ONLY

Hired: Yes \_\_ No \_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

Circle the number of the EEO job classification below that best describes the position for which the applicant applied?

- |                           |                            |                               |
|---------------------------|----------------------------|-------------------------------|
| 1. Official and Manager   | 2. Professionals           | 3. Office and clerical worker |
| 4. Craft worker (skilled) | 5. Operator (semi-skilled) | 6. Laborer (unskilled)        |
| 7. Technician             | 8. Service worker          | 9. Other _____                |

\_\_\_\_\_  
MHMUA Representative

\_\_\_\_\_  
Date