

THE BORDENTOWN SEWERAGE AUTHORITY
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

Name: _____ Soc. Sec. # _____
 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:

Name of spouse: _____

Address of spouse: _____

Names of dependent children:	Addresses of dependent children:
_____	_____
_____	_____
_____	_____
_____	_____

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 _____

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	_____	_____	_____	_____

SPECIAL SKILLS:

Subjects of special study or research work: _____

Special training: _____

Special skills: _____

Special licenses or permits: _____

What foreign languages do you speak fluently? _____

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: _____

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: _____

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 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 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 condition 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 Bordentown Sewerage 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 Bordentown Sewerage 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 Bordentown Sewerage Authority, I agree to waive my right to a jury trial 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: _____

**The Bordentown Sewerage Authority
954 Farnsworth Avenue
Bordentown, NJ 08505**

AUTHORIZATION FOR RELEASE OF PRIOR EMPLOYMENT INFORMATION

The below named individual is seeking employment with The Bordentown Sewerage Authority ("Authority") and has indicated that he/she worked at your company. Please verify the following information.

Name of individual: _____

Address of individual: _____

I authorize the Authority and any persons or companies listed on this form to verify my employment, education and all other job-related qualifications. I also authorize the Authority and all persons and companies to furnish, release, request and receive and evaluate such information. I have read and understand this statement.

Signature: _____ Date _____

The information you furnish will be held in the strictest confidence.

Name of your company: _____

Address of your company: _____

Dates individual worked for your company: From _____ To _____

Position held when individual left your company: _____

Why did individual leave your company? _____

Please rate the individual in the following areas:

	Unsatisfactory	Satisfactory	Comments:
Attendance:	{ }	{ }	_____
Cooperation:	{ }	{ }	_____
Performed Assigned work:	{ }	{ }	_____
Overall Assessment:	{ }	{ }	_____

Would you re-employee this individual? _____ If no, briefly explain: _____

Signature: _____ Title: _____

Date: _____

**THE BORDENTOWN SEWERAGE AUTHORITY
954 FARNSWORTH AVENUE
BORDENTOWN, NJ 08505
(609) 291-9105**

PRIVACY WAIVER

**TO: Authorized Individual or Official
Representative of any Organization,
Institution or Repository of Records.**

**Name: _____
Date of Birth: _____
Social Security #: _____**

I am an applicant for a position with the Bordentown Sewerage Authority. I am further aware of the fact that there must be an exhaustive background investigation to insure the application submitted by me is accurate. I respectfully request and authorize you to furnish the Bordentown Township Police Department and any investigator of that agency any and all information that you may have concerning my work record, school record, military record, reputation, financial and credit history. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature and photostats of same if requested. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Bordentown Sewerage Authority.

I hereby release you and your organization or others from any liability or damages which may result from furnishing the information requested above. A photostatic copy of this authorization shall be considered as effective and as valid as the original.

Signature of Applicant

Date

=====
=====
For Authority Use Only:

NOTARY AFFIDAVIT

STATE OF _____

COUNTY OF _____

The above named individual did personally appear before me and had indicated that he/she has executed the above instrument on his/her own free will and accord with full knowledge of the intended purpose.

Sworn to and subscribed before me
this _____ day of _____, _____.

Notary Public

Voluntary Affirmative Action Information

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

If you provide information on this page, it will be filed separately from the job application.
This information will be used only for purposes of the affirmative action program

Applicant Information:

Name: _____

Address: _____

City/town: _____

Phone: () _____

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

Equal Employment Opportunity identification groups:
_____ White
_____ African-American (non-Hispanic)
_____ Hispanic
_____ American Indian/Alaskan native
_____ Asian/Pacific Islander
_____ Other _____

Other protected Groups:
_____ Individual with a disability
_____ Vietnam-era veteran (served between 1964 and 1975)
_____ Disabled veteran

For Authority use only:
Hired: ___ Yes ___ No Position _____ Date _____

Which EEO job classification best describes the position for which the applicant applied?

1. Officials and Managers	4. Sales workers	7. Operators(semi-skilled)
2. Professionals	5. Office and clerical workers	8. Laborers (unskilled)
3. Technicians	6. Craft workers (skilled)	9. Service workers

Authority Official _____ Date _____

This page for Authority use only!
Results of interview

Interviewer: _____

Date: _____ **Time:** _____