

Cinnaminson Sewerage Authority
1621 Riverton Rd
Cinnaminson, NJ 08077
Telephone No. 856-829-5290 Fax No. 856-829-4076

Date of Application: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone Number(s): _____

Have you ever worked or been educated with a different name? Yes No
If yes, give full name (Last Name, First Name, Middle Initial): _____

Are you over 18 years of age or older? Yes No

List relatives currently employed by the Cinnaminson Sewerage Authority: _____

Referred by: _____
Newspaper Advertisement _____ Person _____
Other _____

EMPLOYMENT DESIRED

Position(s): _____

Date you can start: _____ Salary Requirement \$ _____ Per Hour Per Week
[Check One]

Are you employed now? Yes No
If so, may we inquire with your present employer? Yes No

Have you been employed with the Cinnaminson Sewerage Authority before? Yes No
If so, give dates: _____

Have you ever been bonded? Yes No
If so, give Date: _____ Position _____ Employer _____

Are you able, with or without reasonable accommodation, to perform the essential job functions for the position(s) for which you are applying? Yes No

Do you have a current valid driver's license? Yes No

State of Issue _____

Do you have a Commercial Driver License (CDL)? Yes No

If so, please list endorsements. _____

EDUCATION

	Name & Location of School	No. of Yrs. Attended	Did You Graduate?	Major Course of Study
High School				
College				
Trade, Business, or Other School				

Other Educational Courses, Seminars, Conferences _____

U.S. MILITARY SERVICE Yes No

Dates of Service: From _____ To _____ Branch _____

Final Rank and Principal Duties: _____

OTHER

Are you in the United States on a Visa, which prohibits you from working here?

Yes No

Are you either a US Citizen or a permanent resident alien?

Yes No

(Proof of Citizenship or Immigration Status will be required upon employment)

FORMER EMPLOYERS (List below last 4 employers, starting with the current employer)

Employer: _____ Address: _____ _____ Supervisor: _____ _____ Full Time Part Time hrs per week	Job Title: _____ Department: _____ Duties: _____ _____ Reason for Leaving: _____ _____ From To (Month/Year)
Employer: _____ Address: _____ _____ Supervisor: _____ _____ Full Time Part Time hrs per week	Job Title: _____ Department: _____ Duties: _____ _____ Reason for Leaving: _____ _____ From To (Month/Year)
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Employer: _____ Address: _____ _____ Supervisor: _____ _____ Full Time Part Time hrs per week	Job Title: _____ Department: _____ Duties: _____ _____ Reason for Leaving: _____ _____ From To (Month/Year)

REFERENCES (Give the names of three persons not related to you whom you have known at least 3 years)

Name	Address	Telephone	Occupation	Years Acquainted
(1)				
(2)				
(3)				

IMPORTANT: PLEASE READ CAREFULLY

I certify that the facts contained in this application are true and complete to the best of my knowledge.

I understand and agree that any false answer or misrepresentation made by me in this application shall constitute sufficient cause for refusal to hire. I understand and agree that if any false information that I have given is discovered after hiring, I shall be subject to termination.

I authorize and give the Cinnaminson Sewerage Authority the right to make a thorough background investigation into all statements made in this application, including my previous employment, education, criminal record, credit history, motor vehicle record, and references. I release from all liability all persons, companies, and corporations supplying such information. I release, indemnify, and hold harmless the Cinnaminson Sewerage Authority, and its directors, agents, and employees, from and against any and all liability which might result from making such an investigation.

I authorize my references and previous employers to give you any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you.

I understand and agree that nothing contained in this employment application or granting of an interview is intended to create an employment contract between the Cinnaminson Sewerage Authority and myself for either employment or for the granting of benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Cinnaminson Sewerage Authority unless made in writing.

I understand and agree that, if accepted for employment, I must abide by the rules and policies of the Cinnaminson Sewerage Authority.

If an employment relationship is established, I understand and agree that it is not for a definite period of time and that I have the right to terminate my employment at any time and that the Cinnaminson Sewerage Authority retains similar right, regardless of the date of payment of my wages and salary.

Date: _____ Signature: _____



DO NOT WRITE BELOW THIS LINE

Interviewer:	Date:	Interviewer:	Date:
Remarks:		Remarks:	
_____ Superintendent of Operations		_____ Date	
_____ Administrator		_____ Date	
_____ Director of Personnel		_____ Date	
Job Title:	Starting Date: _____	Starting Date: _____	