Two Rivers Water Reclamation Authority
One Highland Avenue
Monmouth Beach, NJ 07750
Phone: 732-229-8578

Employment Application

Section I – General Information

Applicant Information:

Name (Last, First, Middle): _____
Address: _____
City/State _____
Phone (Cell): ( ) _____ **(Home): ( )** _____
(Email): _____

Position applied for: _____

Have you ever applied to the Authority before? ___Yes____No If yes, give date_____

Date you can start: _____ **Salary desired:** _____

Are you available to work: ____Full-time____Part-time____Shift-work____Temporary

Are you currently employed: ___Yes____No May we contact you at work: ___Yes____No

May we contact your current employer: ____Yes____No

Are you currently on layoff status and subject to recall: _____Yes_____No

If you are under eighteen years of age, can you provide proof of eligibility to work? ___Yes___No

Are you legally eligible to work in the United States of America: _____Yes_____No
Pursuant to Federal Law, proof of U.S. citizenship or immigration status will be required if you are hired.

Section II – Driver's Licenses

Do you possess a current driver's license? ___Yes___No

Please list any endorsements: _____

Do you possess a current commercial driver's license? ___Yes_____No

If you answered Yes, complete the rest of Section II. If no, skip the rest of Section II and go to Section III.

The Authority is an Equal Opportunity Employer M/F

In the last two (2) years, have you:

1) Been cited for violation(s) of DOT agency drug and alcohol testing regulations Yes ___ No ___
2) If you answered "Yes" to 1 above, have you completed a DOT return-to-employment program
   Yes ___ No ___ N/A ___

Section III - Employment History: This section must be completed even if you attach a resume. List your last four employers, 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 at the bottom of this page.

Employer: **Address:**	**Start Date: End Date:**	**Work performed/ responsibilities:**
Job Title:	**Starting Salary:** **Final Salary:**	
Reason for leaving:		
Supervisor's name and phone number: **May we contact for a reference: Yes/No**		
Employer: **Address:**	**Start Date: End Date:**	**Work performed/ responsibilities:**
Job Title:	**Starting Salary:** **Final Salary:**	
Reason for leaving:		
Supervisor's name and phone number: **May we contact for a reference: Yes/No**		
Employer: **Address:**	**Start Date: End Date:**	**Work performed/ responsibilities:**
Job Title:	**Starting Salary:** **Final Salary:**	
Reason for leaving:		
Supervisor's name and phone number: **May we contact for a reference: Yes/No**		
Employer: **Address:**	**Start Date: End Date:**	**Work performed/ responsibilities:**
Job Title:	**Starting Salary:** **Final Salary:**	
Reason for leaving:		
Supervisor's name and phone number: **May we contact for a reference: Yes/No**		

Section VII - References: Please provide the names, addresses, and phone numbers of three individuals whom we may contact as references. They should not be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:

Understandings and Agreements:

As an applicant for a position with the Authority, I understand and agree that I must provide truthful and accurate information on this application. I acknowledge that my application may be rejected if any information is incomplete, untrue, or inaccurate. If hired, I understand I could be separated from employment if the Authority later finds that information on this form was incomplete, untrue, or inaccurate. I authorize the Authority to investigate the information I have provided and to contact former employers (except where I have indicated they may not be contacted). I also permit the Authority to obtain additional job-related information about me, releasing the Authority and its representatives from all liability for seeking such information. I understand that the Authority is an equal-opportunity employer and does not discriminate in its hiring practices. I know that the Authority will make reasonable accommodations as required by the Americans with Disabilities Act and the New Jersey Law Against Discrimination. I acknowledge that if I am employed, I may resign at any time, and the Authority may terminate my employment at any time in accordance with its policies and procedures. No representatives of the Authority may promise otherwise. I understand that any job offer may be contingent on medical, physical, drug, or psychological tests related to the job. I also realize some positions may require complete background and criminal checks. To be considered for this position, you must sign and date below.

BY SUBMITTING THIS APPLICATION, APPLICANT HEREBY GRANTS HIS/HER CONSENT FOR THE AUTHORITY TO CONDUCT BACKGROUND CHECKS ON THE APPLICANT AND PERMISSION FOR THE AUTHORITY TO OBTAIN THE APPLICANT'S DRUG AND ALCOHOL TESTING RECORD(S) FROM ANY PRIOR DOT-REGULATED EMPLOYER(S) AS REQUIRED BY 49 C.F.R. §40.25 (A)(1).

Applicant's Signature _____ **Dated:** _____