

# **Passaic Valley Water Commission**

## **Employment Application**

**1525 Main Avenue**

**Clifton, New Jersey 07011**

Attention: Personnel Department

The enclosed information must be accurate and is subject to verification by Passaic Valley Water Commission. Any false statement is reason for rejection or dismissal of this application.

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

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**Name of Applicant**

Please print or type

The Passaic Valley Water Commission shall not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, mental or physical disability.

Passaic Valley Water Commission

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

Current Address: \_\_\_\_\_

(Note: If less than 2 years – fill out former address below)

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

Previous Address: (if applicable) \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Available Starting Date: \_\_\_\_\_

If employed, can you submit proof of your legal right to work in the United States?

(Proof of eligibility for employment is required under the Immigration Reform and Control Act of 1986)  Yes  No

**EDUCATION**

Check highest degree attained and fill in all information	Diploma/ Degree Rank	Major Studies or Type of Courses	School Name / Location	Years Attended
High School or Trade School				
Some College				
Now Attending				
Bachelor's Degree				
Master's Degree				
Doctorate				
Military Service				

Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is your license currently suspended?  Yes  No

Is your license subject to suspension within the next 12 months?  Yes  No

Endorsements:  CDL  Other Explain: \_\_\_\_\_

**BUSINESS REFERENCES REQUIRED** (No Family Members)

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

# You May Attach Your Resume

## ADDITIONAL SKILLS AND PERSONAL INTERESTS

List foreign languages, professional licenses and job related certifications:

List computer, language, special professional/vocational skills:

## EMPLOYMENT HISTORY

Current or Last Employer	Address	From (Mo./Yr.)	To (Mo./Yr.)
Last Position	Starting Position	Final Base Salary	
Contact	Title	Telephone Number	\$ _____ Per ____
Brief Description of Present or Last Position			\$ _____ Per ____
<i>Reason for Leaving</i>			Additional Compensation
Previous Employer	Address	From (Mo./Yr.)	To (Mo./Yr.)
Last Position	Starting Position	Final Base Salary	
Contact	Title	Telephone Number	\$ _____ Per ____
Brief Description of Position			\$ _____ Per ____
<i>Reason for Leaving</i>			Additional Compensation
Previous Employer	Address	From (Mo./Yr.)	To (Mo./Yr.)
Last Position	Starting Position	Final Base Salary	
Contact	Title	Telephone Number	\$ _____ Per ____
Brief Description of Position			\$ _____ Per ____
<i>Reason for Leaving</i>			Additional Compensation
Previous Employer	Address	From (Mo./Yr.)	To (Mo./Yr.)
Last Position	Starting Position	Final Base Salary	
Contact	Title	Telephone Number	\$ _____ Per ____
Brief Description of Position			\$ _____ Per ____
<i>Reason for Leaving</i>			Additional Compensation

I understand Passaic Valley will conduct a complete background examination based on the attached information being correct.

\_\_\_\_\_  
Signature

The information contained on the application is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

I understand that falsification, omission, or misstatement of information may result in refusal to hire or, if hired, dismissal from employment.

\_\_\_\_\_  
Signature

Employers listed in this application are authorized to provide any and all information concerning my previous employment.

\_\_\_\_\_  
Signature

I would be able to complete the essential parts of this position with  without  a reasonable accommodation.

\_\_\_\_\_  
Signature

Describe your request for accommodation (If you need additional space – use separate paper):

\_\_\_\_\_  
\_\_\_\_\_

Are you related to anyone at Passaic Valley Water Commission? If so, to whom and what is the relationship? \_\_\_\_\_

\_\_\_\_\_  
Signature

*Please Do Not Write Below This Line.*

DEPARTMENT NOTES

Department Interview      Date \_\_\_\_\_       Executive Interview      Date \_\_\_\_\_

Present During Interview: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_