

## **Employment Application**

Passaic Valley Sewerage Commission 600 Wilson Avenue Newark, NJ 07105 (973) 344-1800 www.nj.gov/pvsc/

(Please Print) **Applicant Information** Name: (last, first, middle initial) Date: Home Phone Number: Cell Phone Number: Home Address: (number & street, city, state and zip) Email Address: Do you have a valid driver's license? Yes No Are you a resident of New Jersey? If Yes, Indicate Driver's License Number and State: Position applied for: (please specify) Position type: Salary or rate of pay expected: Full Time Internship Are you legally eligible for employment in the United Date available to start: States? Yes No New Jersey Residency Requirements: Effective September 1, 2011, the "New Jersey First Act" contains new residency requirements for most public officers and employees. Current, new and prospective public employees should be aware that the New Jersey First Act, N.J.S.A. 52:14-7, requires employees of all public employers, public agencies, authorities, boards, bodies, commissions, public instututions of higher education, certain quasi-public entities, and all school boards to reside in the State of New Jersey unless otherwise exempted by the law. If you do not live in New Jersey, you have one year after the date you start your job to relocate your residence to New Jersey. If you do not do so, you may be removed from your office, position, or employment. Where did you learn of this position? (please check one and explain): Employee (name): Internet Website: School/College: \_\_\_\_\_ Career Fair: Newspaper: Agency (name): Other: Have you ever applied to or worked for PVSC before? If "yes", please explain (include dates): Yes Do you have any relatives working for PVSC? Yes No If "yes", state their name & relationship: Is there any other information you would like us to consider regarding your employment availability?

		Educatio	n			
Type of School	School Name	Location	Major	Degree	Graduate	
					(yes/no)*	
High School						
3						
Callaga						
College						
Graduate School						
Business/Trade/						
Vocational						
*16	a within the mout mine me			do mas o	l.	
*If you expect to graduat						
List any other schools	s or training, includin	ig Armed Forces <i>(g</i>	ive names and location	):		
List honors, awards a	nd followships rosoiv	vod:				
List Horiors, awarus a	ila tellowships receiv	reu.				
Is there any other inf	formation you would	like us to consider	regarding your empl	oyment or availabilit	:y?	
Foreign Languages (f	Tuent enly):	Activitio	s of Interest (hobbies	aivia athlatia ar atha	r).	
Foreign Languages (7)	iuerii oriiy) .	Activitie	S OF ITTELEST (HODDIES	, civic, atmetic or othe	<i>'</i> ).	
		Employment Ex	perience			
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List all prior employ						
back. Account for p						
Applicants are requ	ired to fill out this	application comp	oletely and include	employment histo	ry.	
May we contact your present employer regarding your character, qualifications and records of						
employment? If "no", please explain under "Reason for Leaving" for each employer listed below.						
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	Ye	es	No			

**<u>REMINDER</u>**: Start with your most recent employer.

1	
Dates of Employment:	Exact Title of Position:
From: To:	
Place of Employment: (name)	Address: (number & street, city, state and zip)
Phone Number:	Position Type: (Full/Part Time, Temporary, or Contract)
Number of Employees Supervised: (if any)	Name of Immediate Supervisor:
Reason for Leaving:	
Description of Duties, Responsibilities and Accompl	ishments:
2	
Dates of Employment:	Exact Title of Position:
	Exact Title of Position:
Dates of Employment:	Exact Title of Position:  Address: (number & street, city, state and zip)
Dates of Employment: From: To:	
Dates of Employment:  From: To:  Place of Employment: (name)	Address: (number & street, city, state and zip)
Dates of Employment: From: To: Place of Employment: (name)  Phone Number:	Address: (number & street, city, state and zip)  Position Type: (Full/Part Time, Temporary, or Contract)

3	
Dates of Employment:	Exact Title of Position:
From: To:	Exact title of toothern
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Phone Number:	Position Type: (Full/Part Time, Temporary, or Contract)
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Number of Employees Supervised: (if any)	Name of Immediate Supervisor:
Number of Employees Supervised. (If any)	Name of Immediate Supervisor:
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Reason for Leaving:	
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Description of Duties, Responsibilities and Accompli	snments:
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4 Dates of Employment:	Exact Title of Position:
From: To:	
Dates of Employment: From: To: Place of Employment: (name)	Exact Title of Position:  Address: (number & street, city, state and zip)
From: To:	
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From: To: Place of Employment: (name)	Address: (number & street, city, state and zip)
From: To:	
From: To: Place of Employment: (name)	Address: (number & street, city, state and zip)
From: To:  Place of Employment: (name)  Phone Number:	Address: (number & street, city, state and zip)  Position Type: (Full/Part Time, Temporary, or Contract)
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Place of Employment: (name)  Phone Number:  Number of Employees Supervised: (if any)	Address: (number & street, city, state and zip)  Position Type: (Full/Part Time, Temporary, or Contract)
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Place of Employment: (name)  Phone Number:  Number of Employees Supervised: (if any)  Reason for Leaving:	Address: (number & street, city, state and zip)  Position Type: (Full/Part Time, Temporary, or Contract)  Name of Immediate Supervisor:
Place of Employment: (name)  Phone Number:  Number of Employees Supervised: (if any)	Address: (number & street, city, state and zip)  Position Type: (Full/Part Time, Temporary, or Contract)  Name of Immediate Supervisor:
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Other employment: (use additional sheets of paper if necessary,	)
Licenses or certificates received: ( <u>e.g.</u> , Wastewater Operator I	license Roiler Operator License etc.)
Please include level of license/certificate and state or licensi	
li lease include level of ficerise/certificate and state of ficerisi	ng authority.
Please use this space to give additional information concern	ing your experience, education, computer
skills or qualifications:	
·	
Referenc	es
List three persons who are not related to you and who have	knowledge of your qualifications for the
position for which you are applying. Do not repeat the nam	
under the Employment Experience section.	ar ar anglar record year mereur processes.
First Reference	
Full Name:	Occupation:
	'
Present Home or Business Address: (number & street, city, sta	to and zin)
Present nome of business Address. (number & street, city, sta	ne anu zip)
Phone Number(s):	Number of Years Known:
Second Reference	
	Io
Full Name:	Occupation:
Present Home or Business Address: (number & street, city, sta	ate and zip)
	T
Phone Number(s):	Number of Years Known:
Third Reference	•
Full Name:	Occupation:
Full Name.	Occupation.
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Present Home or Business Address: (number & street, city, sta	nte anu zip)
Phono Number(s):	Number of Years Known:
Phone Number(s):	INUMBEL OF TEALS KHOWIT.

## **Equal Opportunity Employer**

The Passaic Valley Sewerage Commission (PVSC) is an equal opportunity employer. Federal and State legislation prohibit discrimination because of age, race, creed, religion, national origin, ancestry, marital status, civil union status, domestic partnership status, sex, gender identity or expression, genetic information, atypical hereditary cellular or blood trait, nationality, affectional or sexual orientation, liability for military service or disability, subject to conditions and limitations applicable alike to all persons.

## Certification

I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I also recognize that any intentional false statements or omissions will be automatic grounds for dismissal. I understand that no representative of the Passaic Valley Sewerage Commission (PVSC) has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing, and that any such agreement to be enforceable, must be in writing and signed and approved by the PVSC Executive Director or its Commissioners. Further, I authorize the PVSC to verify any and all information contained herein, and to review my criminal and driving history, military, school and disciplinary records from any source.

I hereby certify that all	information in this application and all documents attached are true and valid.	
Date	Signature	

Please complete Employment Application and submit to:

Passaic Valley Sewerage Commission Attn: Human Resources Department 600 Wilson Avenue Newark, NJ 07105 PVSCHumanResources@pvsc.com

Please attach any additional information you wish PVSC to consider.