

OFFICE USE ONLY:
DATE: _____ REV'D _____
DATE: _____ REV'D _____



Sussex County Municipal Utilities Authority

34 South Route 94, Lafayette, NJ 07848
973-579-6998 F: 973-579-7819 www.scmua.org

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or veteran status.

Date: _____

Name: _____ Social Security Number: _____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

Driver License No.: _____ State: _____

Class: _____ Expiration Date: _____

Is applicant's driver's license currently suspended? ☐ Yes ☐ No

If so, why? _____

Position(s) Applied for: _____

Type of Employment: Full-Time ☐ Part-Time ☐ Seasonal ☐ Internship ☐

Referred By (if applicable): _____ Relationship: _____

Available Start Date: _____

Have you previously filed an application with the SCMUA? ☐ Yes ☐ No

Have you previously been employed by the SCMUA? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Will you now or in the future require sponsorship for employment authorization (e.g., H-1B)? ☐ Yes ☐ No

Are you on lay-off? ☐ Yes ☐ No If yes, are you subject to recall: ☐ Yes ☐ No

Are you a veteran of the US Military Service? ☐ Yes ☐ No

Branch: _____ Rank: _____ Service Time: _____

Are you able to perform the essential functions of this job with or without reasonable accommodations? ☐ Yes ☐ No

Do you have friends or relatives who work for the SCMUA? ☐ Yes ☐ No

If yes, please list name(s) and relationship. _____

REFERENCES

Provide name, e-mail, and telephone number of three (3) references. (not relatives)

EDUCATION

High School: _____ Graduated? Yes ☐ No ☐

If no, has applicant received a GED? ☐ Yes ☐ No

Trade School or College: _____ Graduated? Yes ☐ No ☐

Degree/Certification (if applicable): _____

Other Training/Certifications/Licenses: _____

SALARY

Provide your salary requirements: _____

EMPLOYMENT HISTORY
BEGINNING WITH MOST RECENT

Employer No. 1: _____

Address: _____

Name of Supervisor: _____ Phone: _____

Dates Worked: From _____ to _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

Employer No. 2: _____

Address: _____

Name of Supervisor: _____ Phone: _____

Dates Worked: From _____ to _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

Employer No. 3: _____

Address: _____

Name of Supervisor: _____ Phone: _____

Dates Worked: From _____ to _____

Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

Summarize special skills and qualifications which you have acquired from previous employment and/or other experience.

AUTHORIZATION AND RELEASE

Please read carefully.

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that falsification, misrepresentation, or omission of facts may result in disqualification from employment or termination if discovered after hire. I authorize SCMUA to verify any statements contained in this application and to contact previous employers, references, and educational institutions regarding my qualifications.

I understand that any offer of employment is contingent upon successful completion of pre-employment requirements which may include verification of educational attainment, verification of previous employment, driving and motor vehicle records, background checks, medical evaluation, drug/alcohol screening, and verification of eligibility to work in the United States, as permitted by law. The SCMUA and/or its authorized agent is also authorized to inquire of my former employers as to the reasons and circumstances of my termination and to request information from various federal, state and other governmental agencies which maintain records concerning my past activities relating to my driving records, criminal convictions and civil lawsuits to which I am or was a party.

I acknowledge that nothing in this application or during the hiring process creates an employment contract unless specifically stated in writing and authorized by SCMUA.

SCMUA provides reasonable accommodations to qualified individuals with disabilities during the application and hiring process. Applicants who require accommodation should notify Human Resources.

By my signature below, I hereby state that I have read and understand the above Authorization and Release and that I release the SCMUA, its employees and agents from any and all claims, civil or criminal actions, administrative actions or liabilities arising from the release to the SCMUA of the information described in this Authorization and Release.

Signature: _____ Date: _____

Revision: 1/2/2026