



MIDDLESEX WATER COMPANY
EMPLOYMENT APPLICATION

Please answer all questions even if information is on your resume. If offered employment, all information will be verified by a thorough background investigation.

I. GENERAL INFORMATION:

Name: Last:	First:	Middle:	Application Date:	-- Telephone Number.	
Address:	Street:	City:	State:	Zip Code:	No. of Years at that address:
Previous Address:	Street:	City:	State:	Zip Code:	No. of Years at that address:

1. Are you legally eligible to work in the United States? Yes ___ No ___

(Any offer of employment will be contingent upon verification of employment eligibility.)

2. Type of employment sought: Full-time Part-time Summer Temp

3. Position applying for: _____

4. Salary Desired: _____

5. Date Available: _____

6. Are you willing to work as required:

Days Yes ___ No ___ Changing shifts Yes ___ No ___

Evenings Yes ___ No ___ Overtime Yes ___ No ___

Nights Yes ___ No ___

Saturdays, Sundays and Holidays Yes ___ No ___

7. Have you ever been discharged or asked to resign from any position? Yes ___ No ___

If yes, when and for what position. _____

8. Have you ever been interviewed for a position at Middlesex Water Company or any of its affiliates? Yes ___ No ___

9. Have you ever been employed by Middlesex Water Company or any of its affiliates? Yes ___ No ___

If yes, complete the following:

From _____ To _____

Department _____ Location _____ Supervisor _____

Reason(s) for leaving: _____

10. Names of friend(s) and/or relative(s) employed by Middlesex Water Company.

Name _____ Relationship _____

Name _____ Relationship _____

11. How were you referred to Middlesex Water Company? _____

If employee referral: _____

Name

II. QUALIFICATIONS:

1. Employment Experience: (list present or most recent employment first)

Company name and address	Dates employed From _____ month _____ year To _____ month _____ year	Base rate of pay Starting \$ _____ per _____ Final \$ _____ per _____
Position, title, and description of duties _____	Reason(s) for leaving _____ Supervisor _____	
Company name and address	Dates employed From _____ month _____ year To _____ month _____ year	Base rate of pay Starting \$ _____ per _____ Final \$ _____ per _____
Position, title, and description of duties _____	Reason(s) for leaving _____ Supervisor _____	
Company name and address	Dates employed From _____ month _____ year To _____ month _____ year	Base rate of pay Starting \$ _____ per _____ Final \$ _____ per _____
Position, title, and description of duties _____	Reason(s) for leaving _____ Supervisor _____	
May we contact your present employer to verify the above?		
<input type="checkbox"/> Yes, you may contact anytime. Telephone number () _____ <input type="checkbox"/> Do not contact now. You may contact at a later date _____ (Please specify: e.g., acceptance of offer or a specific date if appropriate.)		

2. Education and training. Please complete all appropriate items:

Type of school	Name and address of school	Highest grades completed	Type of degree, diploma or certificate and major/minor fields of study	Academic standing grade average out of base (e.g. 3.2/4.0)
High school (last attended)	_____	_____	_____	_____
	_____	_____	_____	_____
All vocational schools, technical institutes and junior colleges	_____	_____	_____	_____
	_____	_____	_____	_____
All colleges or universities	_____	_____	_____	_____
	_____	_____	_____	_____
Other training (include military schools and equivalency diplomas)	_____	_____	_____	_____
	_____	_____	_____	_____

3. Special qualifications:

If you type or take shorthand, please indicate speed: Typing ____ wpm Shorthand ____ wpm

If knowledgeable in word processing, please state type of equipment used: _____

Do you hold any of the following certificates, classifications, or licenses?

Operating licenses: Treatment _____ Distribution _____ Wastewater _____

Other certificates or licenses _____

If you have had any other special training or experience, please explain: _____

4. Do you have a valid driver's license? Yes _____ No _____ (Required for various positions.)

License No. _____ State _____

Has your license been suspended or revoked in the last two years? Yes _____ No _____

If yes, explain in detail as to date, place of violation and dispositions. _____

5. Do you have a valid articulated vehicle license? Yes _____ No _____ (Required for various positions.)

III. CONDITIONS OF EMPLOYMENT:

Please read the following statements carefully. They constitute the conditions of employment at MIDDLESEX WATER COMPANY (THE COMPANY).

1 The information that I have provided on this application is accurate to the best of my knowledge and any offer of employment that I receive is subject to validation of such information by THE COMPANY.

2 I authorize the persons, schools, current employer (if approved by me in the Qualifications Section) and other organizations or employers named in this application to provide THE COMPANY with any relevant information required to make an employment decision.

3 I UNDERSTAND AND AGREE TO ACCEPT THE FOLLOWING ADDITIONAL CONDITIONS OF EMPLOYMENT:

a. Any misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or, if employed, termination of employment by THE COMPANY.

b. Certain job classifications and business needs make the following conditions mandatory: shift work, a rotating work schedule, a work schedule other than Monday through Friday, or overtime assignment.

c. Any employment offer is contingent upon the successful completion of an employment physical and reference checks. As a part of THE COMPANY'S requirement for a work force free from the influence of foreign chemical substances, the employment physical will include a definitive analysis of a urine specimen for the presence of commonly abused drugs, including, but not limited to, marijuana.

d. I understand that it is the policy of THE COMPANY to enforce a drug free work environment. I hereby agree and consent to undergo a drug/alcohol screening by a physician selected by THE COMPANY as a condition of qualifying for employment and at any time during employment in order for THE COMPANY to determine fitness for work and hereby authorize the examining physician to render to THE COMPANY all relevant reports of such examinations. Moreover, I hereby attest, by affixing my signature below, that I am presently free of the illegal use of drugs.

e. If employed, I will use Company issued materials, including uniforms, work clothing, safety gear, vehicles and keys according to the rules governing such use. I understand that replacement of all such uninsured items required because of willful damage, loss, neglect or theft will be at my expense.

f. Compensation and terms of employment may be terminated with or without notice at any time at the option of either THE COMPANY or the employee. Any agreement to the contrary must be in writing and signed by the President of THE COMPANY, or an officer designated by the President in writing to enter into such an agreement.

g. I hereby authorize THE COMPANY where it deems appropriate, to conduct a background investigation for criminal convictions. I also understand that the Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, an investigative consumer report or a consumer report may be requested which might include information as to my character, general reputation, personal characteristics and mode of living. In the event such consumer report is made, I understand that, upon written request made within a reasonable period of time, a complete and accurate disclosure of the nature and scope of the investigation requested will be made.

h. I understand that this employment application and other Company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by THE COMPANY at any time with or without cause. I understand that no representative of THE COMPANY has any authority to offer or to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing whether written, oral or in the form of practices or procedures.

Signature of Applicant

Date