

Little Egg Harbor Municipal Utilities Authority
823 Radio Road, P.O. Box 660
Little Egg Harbor, New Jersey 08087

Date:

Employment Application:

Applicant Information:		
Name:	(Last,	First, Middle)

Address:		

City/Town:		

Phone (Work): () _____ (Home): () _____		
Social Security Number: _____ - _____ - _____		

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

Do you possess a current driver's license: ___ Yes ___ No

Do you possess a current commercial driver's license: ___ Yes ___ No

Please list any endorsements:

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 US Citizenship or immigration status will be required if you are hired.

Have you ever plead guilty or been found guilty of a crime; disorderly persons offense; or a municipal ordinance involving moral turpitude: ____ Yes ____ No

Employment is conditional upon the results of the criminal background check. An answer of "Yes" may disqualify you from employment depending upon the circumstances involved. If "Yes", please explain below.

**The Little Egg Harbor Municipal Utilities Authority is an Equal
Opportunity Employer M/F**

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 on the bottom of this page.

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

Comments:

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
Elementary:	5 6 7 8	Yes No	N/A
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

Languages: List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. 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 Little Egg Harbor Municipal Utilities Authority, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Authority later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Authority the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Authority the right to secure additional job-related information about me. I release 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 understand that the Authority will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Authority may terminate me at any time in accordance with its established policies and procedures. No representatives of the Authority may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks.

Applicant's Signature _____ Date: _____

Conditions of Employment:

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. *For your application to be considered, you must sign and date below.*

Applicant's Signature _____ Date: _____

For Authority use only

Hired: __Yes __No Position _____ Date _____

Which EEO job classification best describes the position for which the applicant applied?

- | | | |
|---------------------------|--------------------------------|-----------------------------|
| 1. Officials and Managers | 4. Sales workers | 7. Operators(semi-skilled) |
| 2. Professionals | 5. Office and clerical workers | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft workers (skilled) | 9. Service workers |

Authority Official _____ Date _____

This page for Authority use only!
Results of interview

Interviewer:

Date: _____ **Time:** _____

NJ DIVISION ON CIVIL RIGHTS GUIDE ON PRE-EMPLOYMENT INQUIRIES

Category	It is discriminatory to inquire about:	Some examples of acceptable inquiries:
Name	<ul style="list-style-type: none"> a) The fact of a change of name or the original name of an applicant whose name has been legally changed b) Maiden name 	Whether or not the applicant has ever worked under another name or was the applicant educated under another name. (Allowable only when the data is needed to verify the applicant's qualifications)
Birthplace and Residence	<ul style="list-style-type: none"> a) Birthplace of applicant b) Birthplace of applicant's parents c) Requirement that applicant submit birth certificate, naturalization or baptismal record d) Own home, rent, board or live with parents e) Citizenship 	<ul style="list-style-type: none"> a) Are you in the United States on a visa, which prohibits you from working here? b) Are you either a US citizen or a permanent resident alien?
Creed and Religion	<ul style="list-style-type: none"> a) Applicant's religious affiliation b) Church, parish, or religious holidays observed by applicant 	
Race or Color	<ul style="list-style-type: none"> a) Applicant's race b) Color of applicant's skin, eyes, hair, etc. c) Driver's license number 	
Photographs	<ul style="list-style-type: none"> a) Photographs with application b) Photographs after interview, but before a hiring 	
Age	<ul style="list-style-type: none"> a) Date of birth or age of applicant b) Age specifications, limitations, or implications in a newspaper advertisement which might bar workers under or over a certain age c) Driver's license number 	Applicant may be asked if he/she is over the minimum legal age and under a bona fide mandatory retirement age
Language	<ul style="list-style-type: none"> a) Applicant's mother tongue b) Language commonly used by applicant at home c) How the applicant acquired ability to read, write, or speak a foreign language 	Language applicant speaks and/or writes fluently (only if job related)
Relatives	Name and/or address of any relative of the applicant	Name and address of person to be notified in case of accident or emergency
Military Experience	<ul style="list-style-type: none"> a) Applicant's military experience in other than United States Armed Forces b) National Guard or Reserve Units of applicant c) Draft classification or other eligibility for military service d) Applicant's whereabouts during periods of armed conflict e) Dates, conditions and type of discharge 	<ul style="list-style-type: none"> a) Military experience of applicant in Armed Forces of United States only when used for employment history b) Whether applicant has received any notice to report for duty in Armed Forces

Category	It is discriminatory to inquire about:	Some examples of acceptable inquiries:
Organizations	Any clubs, social fraternities, sororities, societies, lodges, or organizations to which the applicant belongs	Membership in a union, professional or trade organization
References	The name of applicant's pastor or religious leader	Names of persons willing to provide professional and/or character references for applicant
Sex and Marital Status	a) Sex or marital status or any questions which would be used to determine same b) Number of dependents, number of children c) Spouse's occupation	
Arrest and Conviction Record	The number and kind of arrests of an applicant	Convictions which bear a relationship to the job
Height and Weight	Any inquiry into height or weight of applicant	
Physical Disabilities	Any inquiry as to physical disability, which has no direct bearing on satisfactory performance of the specific job in question. (For example, questions as to the mobility of a person without the use of his or her legs, when the job in questions involves working in a stationary position.)	Does applicant have any physical disability, which would prevent him or her from satisfactorily performing the job? (For example, questions concerning hearing impairment are acceptable on applications for a telephone operation position.)
Education	Whether or not the applicant is a high school graduate	a) Show highest grade completed b) Detail your educational background

LITTLE EGG HARBOR MUA PERFORMANCE APPRAISAL

EMPLOYEE NAME: _____ SUPERVISOR: _____

DEPARTMENT/JOB TITLE: _____ DATE OF HIRE: _____

PRESENT REVIEW DATE: _____ LAST REVIEW DATE: _____ TIME IN POSITION (YRS.): _____

Comments and/or examples are required for ratings of 1,2,4 and 5. Use the Comments section to note goals being appraised and to provide future goals.

Overall Rating (circle)

1 – Does not meet minimum standards 2 - Needs Improvement 3 – Meets Job Requirements 4 – Exceeds Expectations 5 - Outstanding

TRAINING/ JOB KNOWLEDGE: *Consider knowledge of methods, techniques, procedures, tools, and maintenance of certifications necessary to perform the position.*

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Lets certification expire. No desire to improve skills. Insufficient knowledge and understanding of the job. | <input type="checkbox"/> New in a position and still learning. Often requires additional instruction. Making progress, but not fully proficient. Needs to improve certain skills or job knowledge. | <input type="checkbox"/> Fully understands job responsibilities. Maintains needed certification. Can operate all equipment required to perform his or her job. | <input type="checkbox"/> Is an expert in the job. Serves as the 'go to' person when an unusual or unique situation arises. | <input type="checkbox"/> Takes the initiative to improve job through evaluation of job processes. Can lead work group through unusual or unique situations. |
|---|--|--|--|---|

Comments:

PERFORMANCE: *Consider dependability, communication skills, and the quality and quantity of work based on established standards.*

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Frequently damages government property and/or equipment. Work not up to expectations. | <input type="checkbox"/> Needs a better grasp of job. New employee still in learning process, not yet proficient. Not always as productive as expected. | <input type="checkbox"/> Completely performs job meeting all job standards. Consistently provides quality work requiring minimal revision to correct errors. | <input type="checkbox"/> Job output is usually well above job standards rarely requires revision. Can be viewed as the role model for new employees. | <input type="checkbox"/> Job output continuously above standards and before deadlines. Takes initiative to take on other tasks whenever possible. |
|--|---|--|--|---|

Comments:

WORK CONDUCT: *Consider employee's interest in the position, commendations received, organizational support, personal appearance, and disciplinary actions.*

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Frequently or repeatedly receives disciplinary actions and substantiated complaints from the community and co-workers. | <input type="checkbox"/> Occasionally has disciplinary problems, but is working to correct behavior. Needs to project a positive outlook and pleasant manner. | <input type="checkbox"/> Never has any discipline problems. Supervisor has complete trust in employee. Always conforms to dress code. | <input type="checkbox"/> Consistent positive methods and behaviors, which translates into quality work. Has pride in work. | <input type="checkbox"/> Constantly receives positive feedback from co-workers and community. Enthusiastic, self-motivated and influences others in positive manner. |
|---|---|---|--|--|

Comments:

COOPERATION: *Consider teamwork, or the ability to work with others in a cooperative and productive manner.*

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Seldom works well with others. Difficult to work with. Does not promote teamwork. Files unsubstantiated grievances. | <input type="checkbox"/> Slow to help others. Does not readily accept additional assignments required of job. Lack of tact or consideration for others. | <input type="checkbox"/> Fully cooperates with co-workers. Accepts new ideas. Helps others. Willing to work overtime as needed. | <input type="checkbox"/> Continually goes out of way to help co-workers. Learns other job responsibilities to aid in coverage. | <input type="checkbox"/> Always takes initiative to help others. Fosters a sense of teamwork. Sensitive to others' point of view. |
|--|---|---|--|---|

Comments:

SAFETY: *Consider the respect shown for self, co-workers and public.*

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Does not adhere to safety rules. Repeatedly reprimanded for safety rule infractions. | <input type="checkbox"/> Sometimes disregards safety procedures or misuses equipment. | <input type="checkbox"/> Operates equipment and performs tasks within applicable safety standards. Reports all safety hazards. | <input type="checkbox"/> Pays special attention to unsafe working conditions. Helps increase awareness of safety issues in work group. | <input type="checkbox"/> Anticipates and constantly avoids safety hazards in work group; suggests safety improvements. |
|---|---|--|--|--|

Comments:

CUSTOMER SERVICE: Consider responsiveness to public the needs and requests.

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Responds inappropriately to questions, requests, or situations. | <input type="checkbox"/> Occasionally does not respond tactfully or completely. | <input type="checkbox"/> Exhibits courtesy and tact. Answers questions or refers to the appropriate party. | <input type="checkbox"/> Provides extra attention by explaining procedures whenever possible. Deals effectively with citizenry. | <input type="checkbox"/> Responds to requests with enthusiasm and a sense of commitment. Always follows through by providing or obtaining complete information. |
|--|---|--|---|---|

Comments:

JUDGMENT: Consider ability to produce quality work in a cost conscious manner without needing guidance from manager.

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Constantly uses poor judgment occasionally increasing costs. Requires close and constant supervision. | <input type="checkbox"/> Often afraid to make and take responsibility for decisions. Needs to better identify and communicate problems. | <input type="checkbox"/> Exemplifies good sense of judgment. Not afraid to make decisions when provided information. Learns from mistakes. | <input type="checkbox"/> Always understands instructions the first time. Actively seeks information before making a decision. | <input type="checkbox"/> Anticipates potential problems. Takes full responsibility for mistakes. Takes initiative to obtain information. |
|--|---|--|---|--|

Comments:

ATTENDANCE: Consider absenteeism and punctuality.

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Frequently arrives to work late. Excessive absenteeism beyond allotted time. | <input type="checkbox"/> Occasionally arrives late. Uses nearly all allotted sick time each year. | <input type="checkbox"/> Always arrives on time. Takes an average amount of sick time. | <input type="checkbox"/> Occasionally arrives early. Uses sick time sparingly. | <input type="checkbox"/> Always arrives before shift begins. Rarely absent. |
|---|---|--|--|---|

Comments:

VOLUNTEER : Consider willingness to volunteer at work and in the community.

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Never volunteers to help. Puts down others who do volunteer work. | <input type="checkbox"/> Usually not interested in volunteering for projects, teams, etc. | <input type="checkbox"/> Willing to volunteer if asked to volunteer. | <input type="checkbox"/> Actively seeks opportunities to volunteer at both work or in the community. | <input type="checkbox"/> Constantly volunteers and takes leadership roles on various projects or organizations. |
|--|---|--|--|---|

Comments:

DIRECTING WORK: Consider planning, organizing, problem solving, leadership, and supervisory skills.

Does this person have supervisory responsibilities?

- All the time as part of job requirement.
 Supervises on an as needed basis.

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Continually fails as a supervisor. Lack of leadership, planning, and organizational skills. Unit does not achieve objectives. Does not treat subordinates fairly. | <input type="checkbox"/> New supervisor and still learning. Making progress, but not fully proficient. Having trouble making leap from co-worker to supervisor. | <input type="checkbox"/> Fully proficient and competent leader. Delegates when needed. Solves problems and makes decisions. Is in complete control of department and sets an example. | <input type="checkbox"/> Goes out of way to help subordinates. Consistently treats all employees fairly. Develops highly effective work plans. Assumes responsibility for solving problems. | <input type="checkbox"/> Constantly takes initiative to develop employees. Always supports employees. Anticipates changes in workload and develops plans to meet changing needs |
|--|---|---|---|---|

Comments:

EMPLOYEE COMMENTS:

I have reviewed the appraisal and discussed its contents with my supervisor.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE _____ DATE: _____

LITTLE EGG HARBOR MUA COUNSELING ACTION PLAN

EMPLOYEE NAME: _____ DATE: _____

DEPARTMENT: _____ POSITION: _____

I met with the above employee to discuss performance regarding the following problem(s):

This is a *verbal*, *written*, *final* meeting with this employee concerning this matter.

State the reason for the counseling session:

Employee's performance is not acceptable for the following specific reasons:

Employee must achieve the following goals in order to reach acceptable standards:

Employee should reach these goals by:

- Immediately
- Employee is on a probationary status and will be re-evaluated on _____
- Employee is Suspended: Dates _____

Consequences of failure to improve or achieve goals:

- May result in further disciplinary action, up to and including termination.
- Termination.

Employee's Comments:

I have read the above. I understand that it constitutes a warning and I understand the amount of time I have to attain the stated performance goals. I also understand the consequences of my failure to improve or attain the above goals.

Employee Signature: _____ **Date:** _____

Department Head Signature _____ **Date:** _____

Executive Director Signature: _____ **Date:** _____

LITTLE EGG HARBOR MUA EMPLOYEE EVALUATION CHECKLIST

BE PREPARED

- Know the objectives and goals of the meeting.

TIME AND PLACE

- Choose a quiet, private spot with as few interruptions as possible.

CONDUCTING THE INTERVIEW

- Create a positive environment and help the employee feel at ease.
- Give balanced feedback, both positive and negative, but start with the positive.
- Focus on the job, NOT the person.
- Ask questions and allow the employee to provide feedback.
- When discussing areas for improvement, discuss methods and objectives for improving.
- Discuss possibilities for advancement, the employee's aspirations and professional development necessary to be a candidate for such future positions.

CONCLUSION

- Summarize and review the important points of the discussion.
- Restate the action steps that have been recommended and provide a time frame for completion.
- Make sure employee reviews the appraisal and provides comments.
- Have employee sign the acknowledgement that the employee has read the appraisal (does not signify agreement with the content).

FOLLOW-UP

- Follow-up with the employee to see how plans are proceeding within the given time frames.
- Offer the employee assistance in achieving objectives and encourage discussion of successes and obstacles.

