

Atlantic Municipal Utilities Application For Employment



To Applicant: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, protected veteran status, or disability status. Atlantic Municipal Utilities is an Equal Opportunity Employer.

General Information

Name (Last)	(First)	(Middle Initial)	Home Telephone	
Address (Mailing Address)	(City)	(State)	(Zip)	Other Telephone
Social Security Number:	Are you legally entitled to work in the US?	Are you over the age of 18?	Have you previously been employed by AMU?	
Email Address				

Have you been convicted of a major crime (felony) in the past 20 years? Yes
(Do not answer Yes if the conviction has been pardoned, annulled, expunged, sealed or impounded by a court) No

If yes, please give the conviction date and nature of the offense: _____

_____ A conviction record will not necessarily bar employment.

Position

Position or Type of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodations?	
Salary Desired	

Education and Training

High School Graduate Or General Education (GED) Test Passed?						
If no, list the highest grade completed						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From					
	To					
	From					
	To					
	From					
	To					
	From					
	To					
Occupational License, Certificate or Registration			Number	Where Issued		Expiration Date
Occupational License, Certificate or Registration			Number	Where Issued		Expiration Date
Occupational License, Certificate or Registration			Number	Where Issued		Expiration Date
Languages Read, Written or Spoken Fluently Other Than English						

Veteran Information (Most recent)

Branch of Service	Date of Entry	Date of Discharge
Skills Acquired		

Work Experience (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving:		May We Contact This Employer?
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving:		May We Contact This Employer?
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer?

Special Skills (List all pertinent skills and equipment that you can operate)

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Personal References (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

Please Read and Sign Below

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

Signature of Applicant