

**POLLUTION CONTROL FINANCING AUTHORITY
OF WARREN COUNTY**

500 MT. PISGAH AVENUE
P.O. BOX 587
OXFORD, NEW JERSEY 07863
908-453-2174
FAX: 908-453-4241

We Are An Equal Opportunity Employer

Answer All Questions. Please Print or Type. Information Given On This Application Is Subject To Verification By Us.

Date of Application _____ Phone: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Are you known to schools/references by another name? _____ Yes _____ No

If Yes, by what name? _____

Social Security Number: _____

Notify in Emergency: Name: _____

Address: _____ Phone: _____

Are you a citizen of the United States? _____ Yes _____ No

If No, do you possess an Alien Registration Card? _____ Yes _____ No

Have you ever been convicted of any offense, crime, felony, or misdemeanor
under any criminal code, except for traffic violations? _____ Yes _____ No

If Yes, explain: _____

{A Yes answer will not prohibit employment unless the conviction is for a crime that relates adversely to the position for which you are applying}.

Position applied for: _____

Other positions for which you are qualified: _____

Referral Source: _____ Dept. of Civil Service _____ Advertisement _____ Friend
_____ Relative _____ Employment Agency _____ Other _____

Do any of your friends or relatives work for PCFAWC? _____ Yes _____ No

Have you ever worked or applied for work with PCFAWC? _____ Yes _____ No

If Yes, when and what department? _____

Date available for work: _____

E	Circle Highest Grade Completed In Each School Category	Grade School								High School				College				Grad. School				Bus. or Voc. School			
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
D	Name	Location												Course or Degree								Year Grad.			
U	High School:	_____																							
C	College:	_____																							
A	Graduate School:	_____																							
T	Apprentice Business or Vocational School	_____																							
I	Other Training or Special Skills:	_____																							
O	List date or Issue and Types of Licenses, Registrations or Certificates Possessed in Connection with Your Employment or Education:	_____																							
N	Can You Type? _____ Words/Min. _____	Can You Take Dictation? _____ Words/Min. _____																							

List all employment beginning with present or most recent employer.
 Account for all periods including unemployment & military service. Use additional sheet if necessary.

Dates	Name & Address of Employer	1. Job Title 2. Department	Describe Major Duties	Wages	Reason for Leaving
From Month Year				Start	
To Month Year				\$ per	
From Month Year				Final	
To Month Year				\$ per	
From Month Year				Start	
To Month Year				\$ per	
From Month Year				Final	
To Month Year				\$ per	
From Month Year				Start	
To Month Year				\$ per	
From Month Year				Final	
To Month Year				\$ per	
From Month Year				Start	
To Month Year				\$ per	
From Month Year				Final	
To Month Year				\$ per	
From Month Year				Start	
To Month Year				\$ per	
From Month Year				Final	
To Month Year				\$ per	
Branch of Service	Date Entered	Date Discharged	Final Rank	Type of Discharge	Service No.

Service Schools: _____

Special Experience: _____

List three personal references who are not relatives or former supervisors

Name: _____ Address _____ Phone No. _____ Years Known _____

Name: _____ Address _____ Phone No. _____ Years Known _____

Name: _____ Address _____ Phone No. _____ Years Known _____

Pre-Employment Statement — Read Carefully

I affirm that the information given by me on this application is accurate and complete. I understand that any falsification will be considered grounds for my dismissal.

I authorize PCFAWC to investigate my record, including any information contained in this application for employment, except where my written statement specifically requests that no reference be made. I agree not to hold any persons or organizations liable with respect to any information that they may give.

I authorize the examining physician to give a complete report concerning my pre-employment examination.

I agree to wear, or use, protective clothing or devices as required by the PCFAWC and to comply with all rules and regulations of the PCFAWC.

Date: _____ Applicant's Signature: _____