Application For Employment **(PLEASE PRINT)**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran legally status, sexual orientation, or any other. protected status.

Position(s) Applied For	Date of Application

How Did You Learn About Us?

_____ Internet Employment Agency _____ Friend/Relative _____ Walk-In _____ Other _____

Last Name	First Name	Middle Name

Address	Street	City	State	Zip Code

Telephone Number(s) Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work/or working papers? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If Yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date _____

Have you ever worked for a public/government employer? ☐ Yes ☐ No

If yes identify the name of the employer, dates worked, type of separation of service.

Are you or have you ever been a member of any Public Employees Retirement System? ☐ Yes ☐ No

If yes indicate name and membership number. _____

Are you a Veteran? ☐ Yes ☐ No

If yes, have you established Veteran's preference with the N.J. Civil Service Commission Office April 1, 1980?

Are you engaged in any business activity or employment which you plan to continue if employed by the City? If yes, your outside employment will be subject to further review regarding conflicts of interest. ☐ Yes ☐ No

If Yes, please explain _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Are you currently employed? ☐ Yes ☐ No

On what date would you be available for work? _____ ☐ Yes ☐ No

Are you available to work: Full Time ____ Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Do you have any relatives who work for the City or are currently elected officials? If so please name the individuals. ☐ Yes ☐ No

_____

Education

	Name and Address of School			Course of Study		Credits Received		Diploma Degree
Elementary School								
High School								
College								
Graduate School								
Other (Specify)								

Indicate any foreign languages you can speak, read and / or write, including sign language, in which you are proficient enough to communicate on the job and are willing to use on the job, if so please list the languages.

Describe any specialized training, apprenticeship, skills and extra-curricular activities, licenses (CDL, Trade, military, etc.)

Specialized Skills
Other Computer Programs
Specialized Machinery

	Word		
	Excel		
	Power Point		
	Billing System		

State any additional information you feel may be helpful to us in considering your

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer | From | To | Work Performed | Dates Employed

Address
Telephone Number(s) | Hourly Rate/Salary

Staring | Final

Job Title | Supervisor

Reason for Leaving

Employer | Dates Employed

From | To | Work Performed

Address

Telephone Number(s) | Hourly Rate/Salary

Staring | Final

Job Title | Supervisor

Reason for Leaving

Employer | Dates Employed

From | To | Work Performed

Address

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Employer | Dates Employed

From | To | Work Performed

Address

Telephone Number(s) | Hourly Rate/Salary

Staring | Final

Job Title | Supervisor

Reason for Leaving

Summarize special job-related skills and qualifications acquired from employment or other experience.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. The activities involved in the job or occupation for which you have applied A description of the activities involved in such a job or occupation is attached.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes or No

Professional References: Please list individuals with whom you have worked.

Name	Company	Phone
Name	Company	Phone
Name	Company	Phone

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including the release of my personnel records from other employers, but excluding medical records unless I authorize a HIPAA release form. This application for employment shall be considered active for a period of time not to exceed 45 days unless otherwise required by state statute or regulation requires it to remain open for a longer duration. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. From your employment with the City at the time of the City's discovery of the false or misleading information. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant | Date

FOR OFFICE USE ONLY BELOW THIS LINE:

☐Meets Minimum Skills ☐Meets Minimum Education ☐Application Forwarded to Hiring Manager: _____
Reviewed By: _____ Manager's Name
Personnel Division Employee Name

☐Does Not meet Minimum Skills ☐Does Not Meet Minimum Skills ☐ Official Letter Sent – Does not meet standards

☐ Interview Scheduled ☐References Verified By: _____ ☐Pre-Employment Skills Assessment Scheduled

Comments: _____

☐ Pre-Employment Physical Scheduled ☐ Hired Start Date_____ Hourly Rate/ Salary _____ Union_____