

Application For Employment

Township Of Union
P.O. Box 3609
Union, New Jersey 07083-1894
(908) 688 – 2800

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

(PLEASE PRINT)

Position Applied For: _____ Date of Application: _____

Desired Salary _____

Last Name:	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

How did Your Learn About Us?

<input type="checkbox"/> Posting	<input type="checkbox"/> Relative	
<input type="checkbox"/> Friend	<input type="checkbox"/> Walk - In	<input type="checkbox"/> Other _____

Have you ever filed an application with us before?

If yes, give date: _____

Have you ever been employed with us before ?

If yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

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

On what date would you be available for work? _____

Are you available to work:

Full Time Part Time Shift Work

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job - related training received in the United States military.

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	<u>Dates Employed</u> From To		Work Performed
Address			
Telephone Numbers(s)	<u>Hourly Rate/Salary</u> Starting Final		
Job Title Supervisor			
Reason For Leaving			

Employer	<u>Dates Employed</u> From To		Work Performed
Address			
Telephone Numbers(s)	<u>Hourly Rate/Salary</u> Starting Final		
Job Title Supervisor			
Reason For Leaving			

Employer	<u>Dates Employed</u> From To		Work Performed
Address			
Telephone Numbers(s)	<u>Hourly Rate/Salary</u> Starting Final		
Job Title Supervisor			
Reason For Leaving			

Employer	<u>Dates Employed</u> From To		Work Performed
Address			
Telephone Numbers(s)	<u>Hourly Rate/Salary</u> Starting Final		
Job Title Supervisor			
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

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

Specialized Skills

Check Skills / Equipment Operated

<input type="checkbox"/> Fax	<input type="checkbox"/> Access	Production / Mobile	Other (List)
<input type="checkbox"/> PC	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PowerPoint	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word	_____	_____
		_____	_____

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

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 No

References

1	_____	(_____)
	(Name)	Phone #

	(Address)	
2	_____	(_____)
	(Name)	Phone #

	(Address)	
3	_____	(_____)
	(Name)	Phone #

	(Address)	

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open: ___ Yes ___ No

Position(s) Considered For : _____

Date: _____

NOTES:

Applicant's Statement

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.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this 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. I understand, also, that I am required to abide by all rules and regulations of the employer.

The Township of Union Has a Residency Requirement.

Signature of Applicant

Date

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Arrange Interview ___ Yes ___ No

Remarks: _____

INTERVIEWER DATE

Employed ___ Yes ___ No Date of Employment _____

Job Title: _____ Hourly Rate/Salary _____ Dept. _____

By _____
NAME AND TITLE DATE

NOTES: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER