

TOWNSHIP OF WARREN

46 Mountain Boulevard
Warren, NJ 07059
(908) 753-8000
Fax: (908) 753-9173

REVISED 3/1/06

We are an Equal Opportunity Employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, disability, sex, religion, national origin, creed, ancestry, marital status, sexual orientation, family status or any other legally protected status.

APPLICATION FOR EMPLOYMENT

A resume is not a substitute for completing this form in its entirety. All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law.

Position(s) Applied For _____ Date of Application _____

LAST NAME _____ FIRST NAME _____

MIDDLE NAME _____

ADDRESS NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

Telephone Number _____

Date you can start _____

Are you currently employed? _____

How were you referred to us? _____

Have you ever applied for employment in this Township before? _____ If yes, give date _____

Name of relative or friends employed by the Township of Warren _____

If you are under 18 years of age, can you please provide required proof of your eligibility to work? Please attach such proof. 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

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

Are you currently on "layoff" status and subject to recall? Yes No

Do you possess a valid driver's license Yes No Number _____ STATE _____

Please sign here to indicate your authorization for the Township to perform a record check of the Division of Motor Vehicle Files:

(Signature) _____ (Date) _____

Do you possess a valid commercial driver's license? Yes No License Class _____

Have you ever plead guilty or been found guilty of a crime; disorderly person offense; or a municipal ordinance involving moral turpitude, which have not been sealed or otherwise cleared from your record? Yes No

An answer of "YES" may disqualify an applicant from employment depending upon circumstances involved. If "YES" please explain, including periods of rehabilitation:

	Name & Address of School	Course of Study	Years Completed & whether graduated	Diploma Degree
Elementary School				
High School / Equivalent				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

Are you taking any course of study now? Yes No If yes, provide details and date to be completed:

Please indicate any foreign languages you can speak, read and / or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities. Include any job-related training (i.e. EMT or Firefighter training and participation etc.) Exclude those that indicate race, religion, sex, age, national origin or other protected classifications:

List any scholastic honors, honorary societies, fellowships and scholarships: _____

MILITARY SERVICE

Branch _____ Date Entered _____ Current Status _____
If discharged under less than honorable conditions, describe circumstances regarding discharge on an attached sheet

ADDITIONAL INFORMATION

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

What professional license do you hold? _____

What computer skills do you have and what office machines can you use? (if applicable) _____

State any additional information you feel may be helpful to us in considering your application (other work experiences, internships, school activities, apprenticeships, etc.) _____

EMPLOYMENT EXPERIENCE

NOTE: Must be completed even if resume is attached. Start with your present or last job. Include any job. Include any job-related military service assignments and volunteer activities. All positions should be listed. Periods of non-employment longer than 3 months should be explained.

1. Employer	Date		Worked Performed
	From	To	
Address			
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor and Title Phone #			
Reason for Leaving			

May we contact your employer? Now At a later date Not at all

2. Employer	Date		Worked Performed
	From	To	
Address			
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor and Title Phone #			
Reason for Leaving			

May we contact your employer? Now At a later date Not at all

3. Employer	Date		Worked Performed
	From	To	
Address			
Job Title	Hourly Rate / Salary		
	Starting	Final	
Supervisor and Title Phone #			
Reason for Leaving			

May we contact your employer? Now At a later date Not at all

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender or other non-discrimination factors as set forth on the first page hereof: _____

Are you affiliated with any other company that requires work of you? Yes No If yes, please explain: _____

Are you engaged in any personal business or enterprise? Yes No If yes, please explain: _____

REFERENCES

List the names of three persons, not related to you, whom you have known for at least one year who are most familiar with your work ability and training.

1. _____ () _____
NAME DAYTIME PHONE #

ADDRESS

2. _____ () _____
NAME DAYTIME PHONE #

ADDRESS

3. _____ () _____
NAME DAYTIME PHONE #

ADDRESS

ESSENTIAL FUNCTIONS Do not answer this questionnaire without first reviewing the job description.

Are you able to perform the essential functions of the job with reasonable accommodation? Yes No

RELEASE OF APPLICATION

If you are unsuccessful in your candidacy for a position with the Township, do you wish your application be disclosed?
 Yes No

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. I understand that misrepresentation or omission of facts requested is basis for Township refusal to process this application further or, in the event of employment, cause for dismissal. Further, I understand that my employment is subject to the personnel policies rules, regulations, policies applicable employment contracts, labor agreements, Ordinances of the Township of Warren and laws of the State of New Jersey and the United States.

I release former employers and others from any liability that might arise from disclosure of information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, employment contracts, labor agreements, personnel policies, any employment relationship with this organization 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 the Township Committee.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

NOTES: _____

