

**TOWNSHIP OF WARREN
HUMAN RESOURCES
46 Mountain Boulevard
Warren, NJ 07059
(908) 753-8000
Fax: (908) 757-9173**

REVISED 11/01/2018

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 _____ Social Security Number _____

Email Address _____ Start Date _____

Are you currently employed? _____ May we contact your current employer? _____

Name of Referral _____ Salary Desired _____

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 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 _____

	Name and Address of School	Course of Study	Years Completed &/or year 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 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

What professional licenses do you hold? _____

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-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	Dates		Work Performed:
	From	To	
Address	Employer Email		
Your Job Title	Supervisor Title		
Supervisor Name	Supervisor Phone #		
Reason for Leaving			
May we contact your employer? <input type="checkbox"/> Now <input type="checkbox"/> At a later date <input type="checkbox"/> Not at all			
2. Employer	Dates		Work Performed:
	From	To	
Address	Employer Email		
Your Job Title	Supervisor Title		
Supervisor Name	Supervisor Phone #		
Reason for Leaving			
May we contact your employer? <input type="checkbox"/> Now <input type="checkbox"/> At a later date <input type="checkbox"/> Not at all			
3. Employer	Dates		Work Performed:
	From	To	
Address	Employer Email		
Your Job Title	Supervisor Title		
Supervisor Name	Supervisor Phone #		
Reason for Leaving			
May we contact your employer? <input type="checkbox"/> Now <input type="checkbox"/> At a later date <input type="checkbox"/> Not at all			

List professional, trade, business 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

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: _____
