

Application For Employment

EGG HARBOR TOWNSHIP
3515 BARGAINTOWN ROAD
EGG HARBOR TOWNSHIP, NJ 08234-8321
(609) 926-4000

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(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Township Web Site	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address Number Street	City	State Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide proof of your eligibility to work? 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 _____

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 to work? _____

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

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

Can you travel if a job requires it? Yes No

Are you related to any current Township employee? _____ Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

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

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..

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.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			

2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			

3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			

4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)		Hourly Rate/Salary	
			Starting	Final
	Job Title	Supervisor		
	Reason for Leaving			

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

<p>List any professional, trade, business or civic activities and offices held.</p> <p><i>You may exclude any membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i></p> <hr/> <hr/> <hr/>

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"/> PC	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> Word	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Excel	<input type="checkbox"/> Calculator	_____	_____
<input type="checkbox"/> Typewriter		_____	_____

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

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 45 days. 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 be conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the even 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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

Department _____

By _____

NAME AND TITLE

DATE

NOTES

Release Authorization

To All Courts, Probation Departments, Previous Employers, Schools, Colleges, Selective Service Boards, Physicians, Hospitals and other institutions and agencies without exception:

I, _____, am making an application for employment with the Township of Egg Harbor. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Egg Harbor Township Police Department or its representatives any and all information, documentary or otherwise, pertaining to me that they may request. I also consent to be fingerprinted and photographed for identification purposes and such authorization will be considered as effective and valid as the original.

Dated: _____

WITNESS:

Signature of Applicant

Date of Birth: _____

Drivers License No. _____

State: _____