# APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information , marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our residents and contributing to the financial success of the Township , its residents, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/ or interview process should contact a management representative. Please print your responses neatly in the fields on this form.

| Position(s) Applied for | | Date of Application | | |
|---|---|---|---|---|
| | | | | |
| Print Name (Last, First, & Middle) | | | | |
| | | | | |
| Street Address | | City | State | Zip Code |
| | | | | |
| Main Phone Number | Alternate Phone Number | Email | | |
| | | | | |

**EMPLOYMENT EXPERIENCE**

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add an additional page if necessary.

| Name of Employer | Supervisor | May we contact? |
|---|---|---|
| | | ☐ Yes ☐ No |
| Street Address | | |
| | | |
| Phone Number | Dates Employed (Month/Year) | |
| | From | To |
| Job Title and Duties | Reason for Leaving | |
| | | |

| Name of Employer | Supervisor | May we contact? |
|---|---|---|
| | | ☐Yes ☐ No |
| Street Address | | |
| | | |
| Phone Number | Dates Employed (Month /Year) | |
| | From | To |
| Job Title and Duties | Reason for leaving | |
| | | |

| Name of Employer | Supervisor | May we contact? |
|---|---|---|
| | | ☐Yes ☐No |
| Street Address | | |
| | | |
| Phone Number | Dates Employed (Month/Year) | |
| | From | To |
| Job Title and Duties | Reason for Leaving | |
| | | |

**Please use on additional sheet if your employment history exceeds 3 positions.*

If you have any significant gaps in your employment history and wish to provide information, you may do so in the space provided:

| |
|---|
| |

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

| |
|---|
| |

**EDUCATION**

Please describe your educational background in the table provided below.

| | School Name | Years Completed | Diploma/ Degree (Yes/No) | Area of Study/ Major | Specialized Training, Skills, or Extra-Curricular Activities |
|---|---|---|---|---|---|
| High School | | | | | |
| College/ University | | | | | |
| Graduate/ Professional School | | | | | |
| Trade School | | | | | |
| Other Special Training | | | | | |

**BUSINESS ANO PROFESSIONAL REFERENCES**

Please provide three professional references of supervisors or colleagues who can attest to your experience and abilities. All references should be by persons who are not related to you.

| Name and Title | Relation ship | Phone Number & Email |
|---|---|---|
| | | |
| | | |
| | | |

**PERSONAL REFERENCES**

Please list three personal references of individuals who are **not** related to you.

| Name and Title | Relationship and Years Acquainted | Phone Number or Email |
|---|---|---|
| | | |
| | | |
| | | |

**GENERAL INFORMATION**

1. Have you ever used another name? ..... ☐ Yes ☐ No

2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?..... ☐ Yes ☐ No
   a. If yes to either #1 or #2 above, please explain ?

3. If driving a vehicle is required for the position for which you are applying, do you currently possess a valid New Jersey driver's license?..... ☐ Yes ☐No

4. Have you ever worked for the Township previously?..... ☐ Yes ☐ No
   a. If yes, please give dates and position: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
   b. If yes, state your reason for leaving: _____

5. Have you ever previously applied to the Township for employment?.....☐Yes ☐ No
   a. If yes, please give date and the position sought:_____

6. Do you have friends and/or relatives working for the Township of Edgewater Park? .....☐ Yes ☐ No
   a. If yes, state the name(s), title, and relationship(s) to you: _____

7. On what date are you available to begin work? _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

   Days/Hours available to work:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|
| | | | | | | |

8. Are you available to work☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary

9. If hired, would you have a reliable means of transportation to and from work?.....☐Yes ☐ No

10. If you reside in Edgewater Park, how long have you lived in the Township?_____

11. Are you at least 18 years old? .....☐ Yes ☐ No
    b. Note: If under 18, hire is subject to verification that you are of minimum legal age.

13. If hired, can you present evidence of your identity and legal right to work in this country?.....☐Yes ☐ No

14. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... .....☐Yes ☐ No
    a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/ employees to perform essential job functions.

**APPLICANT'S STATEMENT AND AGREEMENT: PLEASE READ EACH PARAGRAPH BELOW CAREFULLY AND INITIAL EACH PARAGRAPH WHERE INDICATED,** WHICH **INDICATES** THAT **YOU AFFIRM** THAT **EACH STATEMENT IS TRUE.**

___ I hereby authorize the Township of Edgewater Park to thoroughly investigate my references, work record, education and other background matters to verify my experience, credentials, and suitability for employment. I further, authorize the prior employers and references I have listed to disclose to the Township any and all letters, reports and other information related to my work history and work records, without giving me prior notice of such disclosure In addition, I hereby release the Township of Edgewater Park, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation of my credentials, experience and references or their disclosure relating to a request for information.

___ I understand and agree that if my employment application to the Township of Edgewater Park is incomplete, my application for employment may be rejected and I may be disqualified from being hired.

___ In the event that I become employed with the Township of Edgewater Park, I understand that I am required to comply with all rules and regulations of the Township of Edgewater Park.

___ If hired, understand and agree that my employment with the Township of Edgewater Park is at-will, and that neither I, nor the Township of Edgewater Park is required to continue the employment relationship for any specific term . I further understand that the Township of Edgewater Park or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

__ I understand that safety of employees is extremely important to the Township of Edgewater Park and that the Township of Edgewater Park is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and precautions to protect employee health, including my health and the health and safety of fellow employees.

__ I hereby certify that all of the answers and information provided by me in this written application and throughout the application process (including any oral interviews and background checks) are true and correct as well as complete. I further certify that I, the undersigned applicant, have personally reviewed and completed this application. I understand that any omission or misstatement of material fact on this application or the inaccuracy or falsification of any document or information used to secure employment with the Township shall be grounds for rejection of this application and acknowledge that it is sufficient grounds for my immediate discharge if I am employed, regardless of the amount of time which elapsed between the date of submission of this application and the date of the discovery of the inaccuracy or falsehood.

___ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an 1-9 Form in this regard.

___ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

____ I understand that screening tests for illegal drug use may be required before hiring and during my employment here.

____ I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS and THAT ALL OF THE INFORMATION WHICH I HAVE PROVIDED IN THIS APPLICATION AND DURING THE APPLICATION PROCESS (INCLUDING ANY PERSONAL INTERVIEWS) IS TRUE.

Signature: _____

Name: (print) _____ Date :_____