Application for Employment

PLEASE PRINT CURRENT AS OF 9/97

Town Of Guttenberg
6808 Park Avenue
Guttenberg, NJ 07093
(201) 868-3304

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ___/___/___

Referral Source ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency
☐ Walk-in ☐ Private Employment Agency ☐ Other _____

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET CITY STATE ZIP CODE

Telephone # (___) _____ Mobile/Beeper/Other Phone # (___) _____ E-mail Address _____

If necessary, best time to call you at home is ..... : AM PM

May we contact you at work? ..... ☐ Yes ☐ No

If yes, work number and best time to call ..... (___) _____ : AM PM

If you are under 18 and it is required. can you furnish a work permit? ..... ☐ Yes ☐ No

If no, please explain _____

Have you submitted an application here before? ..... ☐ Yes ☐ No

If yes, give date(s) and position(s) _____ ___/___/___

Have you ever been employed here before? ..... ☐ Yes ☐ No

If yes, give dates ..... From ___/___/___ To ___/___/___

Are you legally eligible for employment in this country?..... ☐ Yes ☐ No

Date available for work ..... ___/___/___ What is your desired salary range?.....$_____

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Will you relocate if job requires it? ..... ☐ Yes ☐ No Will you travel if job requires it?..... ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position? ..... ☐ Yes ☐ No

Will you work overtime if required? ..... ☐ Yes ☐ No

If no, please explain _____

Have you ever been bonded? ..... ☐ Yes ☐ No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ..... ☐ Yes ☐ No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE# ( )	DATES EMPLOYED FROM	DATES EMPLOYED TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
STARTING JOB TITLE / FINAL JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER		$	PER	

EMPLOYER	TELEPHONE # ( )	DATES EMPLOYED FROM	DATES EMPLOYED TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
STARTING JOB TITLE / FINAL JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER		$	PER	

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REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER		$	PER	

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IMMEDIATE SUPERVISOR AND TITLE		$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER		$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER. OF YEARS KNOWN
	( )	
	( )	
	( )	

Additional Information

List professional, trade, business or civic associations and any offices held.
EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS. _____

List any additional information you would like us to consider. _____

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY CURRENT AS OF 9/97

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date ___/___/___

Referral Source

- ☐ Walk-in
- ☐ Employee
- ☐ Advertisement – Source _____
- ☐ Government Employment Agency
- ☐ Relative
- ☐ Private Employment Agency
- ☐ School
- ☐ Other _____

Name of person who referred you IF APPLICABLE _____

Applicant Information

Name _____ Telephone #( ) _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

☐ Male ☐ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- ☐ White (not of Hispanic origin)
- ☐ Black (not of Hispanic origin)
- ☐ Hispanic
- ☐ American Indian/Alaskan Native
- ☐ Asian/Pacific Islander
- ☐ Multiracial (having parents of different races)

THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN.

For Administrative Use Only

Position(s) applied for ☐ Available ☐ Not Available

Other positions considered for _____

Hired ☐ Yes ☐ No

Position hired for _____ Date of hire ___/___/___

From the EEO job classifications listed below, which one best describes the position filled?

- ☐ Officials and Managers
- ☐ Professionals
- ☐ Technicians
- ☐ Sales Workers
- ☐ Office and Clerical Workers
- ☐ Craft Workers (skilled)
- ☐ Operatives (semi-skilled)
- ☐ Laborers (unskilled)
- ☐ Service Workers

Notes _____

Completed by _____ Date ___/___/___

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Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

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

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant_____ **Date** ____/____/____

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