Township of Maplewood

Maplewood, New Jersey 07040
Telephone (973) 762-8120

APPLICATION FOR EMPLOYMENT

Please read carefully before you sign this application. Application must be completed in full even if attaching a resume.

All applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, sexual orientation, marital status, ancestry, age, veteran status, disability, eligibility for service in the armed forces or other non-merit factors.

PLEASE PRINT USING BALLPOINT PEN

Date of Application:_____

Position Applying For:_____

PERSONAL INFORMATION

FULL NAME (LAST FIRST MIDDLE)_____

PRESENT STREET ADDRESS_____

CITY, STATE ZIP_____

DAYTIME PHONE # (____)_____ EVENING PHONE # (____)_____

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE TOWNSHIP? ☐ YES ☐ NO

IF YES, NAME OF RELATIVE_____

HAVE YOU EVER BEEN EMPLOYED BY THE TOWNSHIP BEFORE? ☐ YES ☐ NO

IF YES, WHEN? (LIST DATES)_____

HOW WERE YOU REFERRED TO THE TOWNSHIP FOR EMPLOYMENT?_____

IS THERE ANY INFORMATION WE WOULD NEED TO KNOW ABOUT YOUR NAME, OR USE OF ANOTHER NAME, FOR US TO BE ABLE TO CHECK YOUR WORK RECORD? ☐ YES ☐ NO

IF YES, PLEASE SPECIFY_____

GENERAL INFORMATION

ARE YOU 18 YEARS OF AGE OR OLDER? ☐ YES ☐ NO

IF YOU ARE UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? ☐ YES ☐ NO

CAN YOU, UPON EMPLOYMENT, PROVIDE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN_____

FILL OUT THE FOLLOWING ONLY IF APPLYING FOR A POSITION WHICH REQUIRES A DRIVER'S LICENSE.

DRIVER'S LICENSE #_____STATE_____

SCHEDULE AVAILABILITY & DESIRED SALARY

☐ I AM AVAILABLE AND DESIRE TO WORK FULL-TIME AND DO NOT HAVE RESTRICTIONS ON MY HOURS AND DAYS – COMPLETE SECTION B

☐ I AM AVAILABLE AND DESIRE TO WORK PART-TIME (LESS THAN FULL TIME) – COMPLETE SECTION B

☐ I AM AVAILABLE AND DESIRE TO WORK ON A SEASONAL BASIS – COMPLETE SECTIONS A & B

A. DATES AVAILABLE FOR EMPLOYMENT: FROM_____TO_____

B. HOURS AVAILABLE:

	MON	TUES	WED	THUR	FRI	SAT	SUN
FROM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
TO	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE EMPLOYER AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS

WAGE/SALARY EXPECTED_____

DATE AVAILABLE FOR WORK_____

EDUCATION

TYPE	NAME/ADDRESS	COURSE OF STUDY	GRADUATED?	DEGREE/DIPLOMA
ELEMENTARY & JUNIOR HIGH			☐ YES ☐ NO	
HIGH SCHOOL			☐ YES ☐ NO	
COLLEGE			☐ YES ☐ NO	
TECHNICAL OR OTHER			☐ YES ☐ NO	

EMPLOYMENT HISTORY

BEGIN WITH MOST RECENT EMPLOYER [1] AND CONTINUE WITH ALL PAST EMPLOYERS
(ATTACH ADDITIONAL SHEETS IF NECESSARY)

1 EMPLOYER	FROM MONTH/YEAR	STARTING SALARY	JOB TITLE:	REASON FOR LEAVING (PLEASE EXPLAIN):
NAME OF COMPANY		$	DESCRIBE YOUR DUTIES:	
ADDRESS	TO MONTH/YEAR	ENDING SALARY		
CITY, STATE, ZIP		$		NAME & TITLE OF IMMEDIATE SUPERVISOR:
PHONE #	TYPE OF BUSINESS:			
EXPLAIN ANY PERIOD BETWEEN JOBS:				MAY WE CONTACT EMPLOYER? ☐ YES ☐ NO

2 EMPLOYER	FROM MONTH/YEAR	STARTING SALARY	JOB TITLE:	REASON FOR LEAVING (PLEASE EXPLAIN):
NAME OF COMPANY		$	DESCRIBE YOUR DUTIES:	
ADDRESS	TO MONTH/YEAR	ENDING SALARY		
CITY, STATE, ZIP		$		NAME & TITLE OF IMMEDIATE SUPERVISOR:
PHONE #	TYPE OF BUSINESS:			
EXPLAIN ANY PERIOD BETWEEN JOBS:				MAY WE CONTACT EMPLOYER? ☐ YES ☐ NO

3 EMPLOYER	FROM MONTH/YEAR	STARTING SALARY	JOB TITLE:	REASON FOR LEAVING (PLEASE EXPLAIN):
NAME OF COMPANY		$	DESCRIBE YOUR DUTIES:	
ADDRESS	TO MONTH/YEAR	ENDING SALARY		
CITY, STATE, ZIP		$		NAME & TITLE OF IMMEDIATE SUPERVISOR:
PHONE #	TYPE OF BUSINESS:			
EXPLAIN ANY PERIOD BETWEEN JOBS:				MAY WE CONTACT EMPLOYER? ☐ YES ☐ NO

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

PLEASE LIST ANY OTHER EXPERIENCE, SKILLS OR OTHER QUALIFICATIONS WHICH ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING. PLEASE **EXCLUDE** ORGANIZATION WHICH INDICATES RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, HANDICAP OR OTHER PROTECTED STATUS.

PERSONAL OR BUSINESS REFERENCES

DO NOT INCLUDE RELATIVES

1	NAME	DAYTIME PHONE #
ADDRESS		HOME PHONE #
CITY, STATE, ZIP		RELATIONSHIP
HOW LONG KNOWN		

2	NAME	DAYTIME PHONE #
ADDRESS		HOME PHONE #
CITY, STATE, ZIP		RELATIONSHIP
HOW LONG KNOWN		

NOTIFICATION & AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

THE APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING, BUT NOT LIMITED TO, INQUIRIES RELATED TO MY EDUCATION, RELEVANT LICENSES, PRIOR EMPLOYMENT, CREDIT AND OTHER INFORMATION REQUIRED BY THE EMPLOYER. I RELEASE FROM ALL LIABILITY ANYONE SUPPLYING SUCH INFORMATION AND I ALSO RELEASE THE EMPLOYER FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING AN INVESTIGATION.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE EMPLOYER'S RULES AND REGULATIONS, AND UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE EMPLOYER OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN, BY ANY REPRESENTATIVE OR AGENT OF THE EMPLOYER, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION BY ME.

APPLICANT SIGNATURE_____ DATE_____