

Township of Washington

2436 Route 563, Egg Harbor City, NJ 08215

Date: _____

Employment Application

Application Information:

Name (Last, First, Middle): _____

Address: _____

City/Town: _____

Phone: (Work) _____ (Home) _____

(Cell) _____ Email: _____

Position applied for: _____

Have you ever applied to the Township of Washinton before: _____ Yes _____ No

If yes, give date: _____

Date you can start: _____

Are you available to work: _____ Full Time _____ Part time _____ Shift work _____ Temporary

Are you currently employed: _____ Yes _____ No May we contact you at work: _____ Yes _____ No

May we contact your current employer: _____ Yes _____ No

Are you currently on layoff status and subject to recall: _____ Yes _____ No

Do you possess a current driver's license: _____ Yes _____ No

Do you possess a current commercial driver's license: _____ Yes _____ No

Please list any endorsements: _____

If you are under eighteen years of age, can you provide proof of eligibility to work: _____ Yes _____ No

Are you legally eligible to work in the United State of America: _____ Yes _____ No

Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

Have you ever pleaded guilty or been found guilty of a crime; disorderly persons offense; or a municipal ordinance involving moral turpitude: _____ Yes _____ No

Employment is conditional upon the results of the criminal background check. An answer of "Yes" may disqualify you from employment depending upon the circumstances involved. If "Yes", please explain below.

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years Completed: (Circle)	Graduated: (Circle)		Major field
Elementary:	5 6 7 8	Yes	No	N/A
High:	1 2 3 4	Yes	No	
College:	1 2 3 4	Yes	No	
Other:	1 2 3 4	Yes	No	

Languages: List any foreign languages you know and indicate your level of proficiency,

Language	Speak Some:	Speak Fluently	Read	Write

Special skills & Experience: State any special skills, experiences, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

Employment History: This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space of this form marked comments located on the bottom of this page.

Employer: Address Job Title Reason for leaving: Supervisor's Name and phone number May we contact for reference: Yes No	Date Started:	Date Left	Work performed/ responsibilities
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Comments:

References: Provide the names, addresses, and phone numbers of three people who we may contact as references. They should not be relatives or former supervisors.

Name and Address	Phone number	Years Known

Understanding and agreements:

As an applicant for a position with the Township, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Township of Washington later discovers that information on this form was incomplete, untrue or inaccurate. I give the Township the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contact). I give the Township of Washington the right to secure additional job-related information about me. I release the Township and its representatives from all liability for seeking such information. I understand that the Township is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Washington will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Township of Washington may terminate me at any time in accordance with its established policies and procedure. No representatives of the Township of Washington may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug or psychological tests. I also understand that some positions may involve complete background and criminal checks.

Applicant's Signature: _____ Date: _____

Conditions of Employment:

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by a legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive.

For your application to be considered, you must sign and date below:

Applicant's Signature: _____ Date: _____

The Township is an Equal Opportunity Employer