

# Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, 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"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<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 required proof of your eligibility to work?

Have you ever filed an application with us before?

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?

If Yes, give date \_\_\_\_\_

Are you currently employed?

May we contact your present employer?

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

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

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

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

# Education

School Name and Location	Elementary School				High School				Undergraduate College / University				Graduate / Professional					
	Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																		
Describe Course of Study																		
Describe any specialized training, apprenticeship, skills and extra-curricular activities																		
Describe any honors you have received																		
State any additional information you feel may be helpful to us in considering your application																		

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

---



---



---



---

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?

Yes  No

If Yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  
 Yes  No

# 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, handicap 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.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

---



---



---



---



---



---

FOR POST HIRE USE ONLY    DETACH HERE

<b>FOR PERSONNEL DEPARTMENT USE ONLY</b>	
Position(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Considered For:	_____
	_____
	Date _____

**NOTES:**

# Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

## VOLUNTARY SURVEY

(Please Print)

Date \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name			
Address			
City	State	Zip	
Social Security No.			

**Complete Only The Sections Below That Have Been Checked**

Current Job			
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Check One Of The Following: (Ethnic Origin)			
<input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian/Pacific Islander
Check If Any Of The Following Are Applicable			
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual	
Birthdate			

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

In the event 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 DEPARTMENTAL 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# BOROUGH OF HIGH BRIDGE

71 Main Street  
High Bridge, NJ 08829

## AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, am making application for appointment to or hiring by the Borough of High Bridge's \_\_\_\_\_ Department. As a result, an investigation is being conducted to determine my eligibility. I do hereby authorize a review and full disclosure of all records and information concerning myself, whether the said records or information is of a public, private or confidential nature.

I also authorize and request every person, firm, company, government agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the said Municipality, County Prosecutors Office and/or the Department of Law and Public Safety any such information, formal or informal, pending or closed, or any other pertinent data, and to permit the said Municipality, County Prosecutors Office and /or Department of Law and Public Safety or their representatives to inspect and make copies of such documents, records and other information.

I hereby release, discharge and exonerate the said Municipality, County Prosecutors Office and the Department of Law and Public Safety, their representatives and any other person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collecting of such documents, records, and any other information or the investigation made by the said Municipality, the County Prosecutors Office, and/or the Department of Law and Public Safety.

I understand that any information obtained by a personal history background investigation which is developed directly, in whole or part, upon this authorization and release will be considered in the determining my suitability for employment by the Borough of High Bridge.

A photocopy of this authorization and release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "AUTHORIZATION AND RELEASE".

DATE: \_\_\_\_\_ Signature \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,

\_\_\_\_\_  
My Commission expires: \_\_\_\_\_

Print of type name of Notary under signature, and affix notarial seal.