

**Borough of Seaside Park  
Employment Application**

**Date:**

<b>Applicant Information:</b> <b>Name (Last, First, Middle):</b> _____ <b>Address:</b> _____ <b>City/Town:</b> _____ <b>Phone: (Work):</b> ( ) _____ <b>(Home):</b> ( ) _____ <b>Social Security Number:</b> ____ - ____ - ____
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Position applied for: \_\_\_\_\_

Have you ever applied to the Borough of Seaside Park before: \_\_\_Yes \_\_\_No If yes, give date  
\_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

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

Driver's License number \_\_\_\_\_

Please list any endorsements: \_\_\_\_\_

Are you 18 years or older? \_\_\_Yes \_\_\_No

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 States 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 or disorderly persons offense: \_\_\_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.

\_\_\_\_\_

**The Borough of Seaside Park is an Equal Opportunity Employer M/F**

**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 on this form marked comments located on the bottom of this page.

Employer Name: _____	Date Started: _____
Address: _____	Date Left: _____
Job Title: _____	Starting Salary: _____
Reason for leaving: _____	Final Salary _____
Work Performed/Responsibilities _____	
_____	
Supervisor's name and phone number: _____	
May be contact for a reference: ___ Yes ___ No	

Employer Name: _____	Date Started: _____
Address: _____	Date Left: _____
Job Title: _____	Starting Salary: _____
Reason for leaving: _____	Final Salary _____
Work Performed/Responsibilities _____	
_____	
Supervisor's name and phone number: _____	
May be contact for a reference: ___ Yes ___ No	

Employer Name: _____	Date Started: _____
Address: _____	Date Left: _____
Job Title: _____	Starting Salary: _____
Reason for leaving: _____	Final Salary _____
Work Performed/Responsibilities _____	
_____	
Supervisor's name and phone number: _____	
May be contact for a reference: ___ Yes ___ No	

Employer Name: _____	Date Started: _____
Address: _____	Date Left: _____
Job Title: _____	Starting Salary: _____
Reason for leaving: _____	Final Salary _____
Work Performed/Responsibilities _____	
_____	
Supervisor's name and phone number: _____	
May be contact for a reference: ___ Yes ___ No	

**COMMENTS:**

**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:
High:	1 2 3 4	1 2 3 4	1 2 3 4
College:	1 2 3 4	1 2 3 4	1 2 3 4
Other	1 2 3 4	1 2 3 4	1 2 3 4

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

Languages	Speak Some:	Speak Fluently:	Read:	Write:

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

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

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**References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. 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 Borough of Seaside Park, 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 Borough of Seaside Park later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough of Seaside Park the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Borough of Seaside Park and its representative from all liability for seeking such information. I understand that the Borough of Seaside Park is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough of Seaside Park 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 Borough of Seaside Park may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough of Seaside Park 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. *For your application to be considered, you must sign and date below.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Voluntary Affirmative Action Information

You are not required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program.

### Application Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

### Position Applied For:

\_\_\_\_\_

How did you learn about this position? \_\_\_Advertisement \_\_\_Employment Agency \_\_\_Friend  
\_\_\_Relative \_\_\_Walk-in \_\_\_Other (Explain) \_\_\_\_\_

### Information Regarding Status:

Gender:

\_\_\_ Male  
\_\_\_ Female

### Equal Employment Opportunity identification groups:

\_\_\_ White  
\_\_\_ African-American (non-Hispanic)  
\_\_\_ Hispanic  
\_\_\_ American Indian/Alaskan native  
\_\_\_ Asian/Pacific Islander  
\_\_\_ Other \_\_\_\_\_

### Other protected Groups:

\_\_\_ Individual with disability  
\_\_\_ Vietnam-era veteran (served between 1964 and 1975)  
\_\_\_ Disabled Veteran