

Employment Application

_____ Social Security Number: ____ - ____ - ____
Position applying for _____

NAME

LAST FIRST MIDDLE

ADDRESS (permanent)

STREET CITY, STATE ZIPCODE

PHONE _____
CELL HOME

EMAIL _____

ADDRESS (local, if different from above)

STREET CITY, STATE ZIPCODE

PHONE _____
CELL HOME

Date Filled Out

Borough of Seaside Park
1701 N. Ocean Ave.
Seaside Park, NJ 08752

Have you ever applied to the Borough of Seaside Park before? ___ Yes ___ No
If yes, give date _____

Date you can start: _____ Salary desired: _____

Availability: _____ Please give hours/days of availability:
____ 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 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 a criminal background check. An answer
of "Yes" may disqualify you from employment depending upon the circumstances
involved. If "Yes", please explain below.

Employment History: This section must be completed even if you attach a resume. Please list your past employers beginning with the most recent and include any military service. Please explain any gaps in employment in the section marked “comments.”

Employer Name	Date Started
Address	Date Left
Job Title	Starting Salary
Reason for leaving	Final Salary
Performed/Responsibilities	

Supervisor’s name and Phone Number
May we contact for a reference: ___ Yes ___ No

Employer Name	Date Started
Address	Date Left
Job Title	Starting Salary
Reason for leaving	Final Salary
Performed/Responsibilities	

Supervisor’s name and Phone Number
May we contact for a reference: ___ Yes ___ No

Employer Name	Date Started
Address	Date Left
Job Title	Starting Salary
Reason for leaving	Final Salary
Performed/Responsibilities	

Supervisor’s name and Phone Number
May we contact for a reference: ___ Yes ___ No

_____ Employer Name	_____ Date Started
_____ Address	_____ Date Left
_____ Job Title	_____ Starting Salary
_____ Reason for leaving	_____ Final Salary

Performed/Responsibilities

Supervisor's name and Phone Number

May we contact for a reference: ___Yes ___No

COMMENTS:

Education: Please provide information on your formal schooling and education. Please fill out the table below to the best of your ability. Include any formal vocational or professional education. Please include any degrees earned in the bottom box

	Name	Year Graduated/Anticipated Graduation	Area of Study
High School			
College/University			
Specialized Training, Trade School, etc.			
Other Education			
Degrees Earned			

Languages: List any foreign languages you know and indicate your level of proficiency (i.e. Speak Some, Fluent, Read, Write, etc.)

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.

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

References: Provide the names, addresses and phone numbers of at least three people whom we may contact as a reference. They should **not** be relatives or former supervisors.

Name: _____ Years Known: _____

Address: _____

Phone Number: _____

Name: _____ Years Known: _____

Address: _____

Phone Number: _____

Name: _____ Years Known: _____

Address: _____

Phone Number: _____

Name: _____ Years Known: _____

Address: _____

Phone Number: _____

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 affirmation action program.

_____ Position applying 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