# **Employment Application**

Position applying fo	Dr			
Social Security Nur	nber:			
NAME				
LAST	FIRST		MIDDLE	
ADDRESS (perman	nent)			
STREET	CITY	STATI	3	ZIPCODE
PHONE	CELL		HOME	
EMAIL				
ADDRESS (local, i	f different from above	2)		
STREET	CITY	STATE	ZIPC	CODE
PHONE	CELL		НОМЕ	
	CELL		HOME	
		Date Filled Out		

Have you ever applied to the Borough of Seaside Park before?YesNo
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?No
May we contact you at work?YesNo
May we contact your current employer?YesNo
Are your currently on layoff status and subject to recall?YesNo
Do you possess a current driver's license?YesNo
Do you possess a current commercial driver's license?YesNo
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?YesNo Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

The Borough of Seaside Park is an Equal Opportunity Employer

**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	Reason for leaving	
Performed/Responsibilities		
Supervisor's name and Phone Number		
May we contact for a reference:YesNo		
Employer Name	Date Started	
Address	Date Left	
Job Title	Reason for leaving	
Performed/Responsibilities		
Supervisor's name and Phone Number		
May we contact for a reference:YesNo		
Employer Name	Date Started	
Address	Date Left	
Job Title	Reason for leaving	
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			
Special Skills & Experie	ence: State any special sk	tills, experience, training,	licenses, certifications or
other factors that make yo	ou especially qualified for	the position for which yo	ou are applying.
Comments and Addition consider?	nal Information: Is there	e any additional informati	on about you we should

**References:** Proved the names, addresses, and phone numbers of at least three people whom we may contact as State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

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 equalopportunity 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 <u>not</u> 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.

Position applying for	
Tr J &	
How did you learn ab	oout this position?
	Advertisement
	_ Employment Agency
	_ Friend
	_ Relative
	_ Walk-In
	Other (explain)
Information Regardin	ng Status:
Gender	
	_ Male
	_ Female
Equal Employment C	Opportunity identification groups:
	_ White
	_ African-American (non-Hispanic)
	_ Hispanic
	_ American Indian / Alaskan Native
	_ Asian / Pacific Islander
	Other (explain)
Other protected group	os:
	_ Individual with disability
	_ Vietnam-era veteran (served between 1964-1975)
	_ Disabled Veteran