



BRIDGEWATER TOWNSHIP APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status. Residency Requirement: NOTE: New public employees are required to obtain New Jersey residency within one (1) year of employment.

NAME: _____

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address		Number	Street
		City	State
		Zip Code	
Telephone Number(s)		Social Security Number (Voluntary)	

Best Time to contact you at home is.....	:		AM	
	:		PM	
If you are under 18 years of age, can you provide required proof of your eligibility to work?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you filed an application with us before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been employed with us before?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, give date _____				
Do any of your friends or relatives, other than spouse, work here?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you currently employed?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
May we contact your present employer?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status <i>Proof of citizenship or immigration status will be required upon employment...</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date available for work ____/____/____	What is your desired salary range? _____			
Are you available to work:	<input type="checkbox"/> Full-Time	(please indicate 1 2 3 shift)		
	<input type="checkbox"/> Part-Time	(please indicate Mornings Afternoons Evenings)		
	<input type="checkbox"/> Temporary	(please indicate dates available ____/____/____-____/____/____)		
Are you currently on "lay-off" status and subject to recall?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Can you travel if a job requires it?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

POSITION: _____

DATE: ____/____/____

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military

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, disabilities or other protected status.

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

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

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

NAME: _____

Other Qualifications

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

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

POSITION: _____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1.	_____	()	_____
	(Name)		Phone #
	(Address)		
2.	_____	()	_____
	(Name)		Phone #
	(Address)		
3.	_____	()	_____
	(Name)		Phone #
	(Address)		

DATE: _____ / _____ / _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open Yes No

Position(s) Considered For:

DATE:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 to 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 DEPARTMENT 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