Township of Upper Date:

Mailing: P.O. Box 205, Tuckahoe, NJ 08250

Physical: 2100 Tuckahoe Road, Petersburg, NJ 08270

# Employment Application:

Applicant Information:

Name:

Address:

#### City/town:

#### Phone (Cell): ( ) (Home): ( )

#### Social Security Number: - - Email:

#### Position applied for:

Have you ever applied to the Township of Upper before:

Yes

No If yes, give date \_

Date you can start:

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

Did you possess a driver’s license in another state \_\_\_Yes No\_\_ If yes, in what state \_\_\_\_\_\_\_\_

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.

#### The Township of Upper 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: | Date started: | Date left: | | Work performed/ responsibilities: |
| Address: |  | |  |  |
| Job Title: |  | |  |  |
| Reason for leaving: | | | | |
| Supervisor’s Name and Phone Number: | | | | |
| May we contact for a reference: Yes No | | | | |
| Employer: | Date started: | Date left: | | Work performed/ responsibilities: |
| Address: |  | |  |  |
| Job Title: |  | |  |  |
| Reason for leaving: | | | | |
| Supervisor’s Name and Phone Number: | | | | |
| May we contact for a reference: Yes No | | | | |
| Employer: | Date started: | Date left: | | Work performed/ responsibilities: |
| Address: |  | |  |  |
| Job Title: |  | |  |  |
| Reason for leaving: | | | | |
| Supervisor’s Name and Phone Number: | | | | |
| May we contact for a reference: Yes No | | | | |
| Employer: | Date started: | Date left: | | Work performed/ responsibilities: |
| Address: |  | |  |  |
| Job Title: |  | |  |  |
| Reason for leaving: | | | | |
| Supervisor’s Name and Phone Number: | | | | |
| May we 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:** | **Graduated:** | **Major Field** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language:** | **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.

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

**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 & Address: | Phone Number: | Years Known: |
|  |  |  |
|  |  |  |
|  |  |  |

Understandings and Agreements:

As an applicant for a position with the Township of Upper, 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 Township of Upper later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township of Upper 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 Township of Upper the right to secure additional job-related information about me. I release the Township of Upper and its representatives from all liability for seeking such information. I understand that the Township of Upper is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Upper will make reasonable accommodations as required by the Americans with Disabilities Act and New Jersey Law Against Discrimination. I understand that, if employed, I may resign at any time and that the Township of Upper may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Upper 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

## Applicant Information:

Name:

Address:

#### City/town:

#### Phone: ( ) Email:

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 a disability

Vietnam-era veteran (served between 1964 and 1975)

Disabled veteran

For Township of Upper use only

Hired: Position: Date:

Which EEO Job Classificaiton best describes the position for which the applicant applied?

|  |  |  |
| --- | --- | --- |
| 1. Officials and Managers | 4. Sales workers | 7. Operators( semi-skilled) |
| 2. Professionals | 5. Office and clerical workers | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft workers (skilled) | 9. Service workers |

Township of Upper Official Date: