



Township of Long Hill 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.

(PLEASE PRINT)

Position(s) Applied For: _____

Date of Application: _____

How Did You Learn About Us?

Advertisement Employment Agency Relative Friend

Inquiry Other _____

Last Name: _____ First Name: _____

Middle Name: _____

Address: _____ Town: _____

State: _____ Zip Code: _____

Telephone Number(s): _____

Email Address: _____

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? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date Have you ever been employed with us before?
 Yes No

If Yes, give date: _____ / _____ / _____

Do any of your friends or relatives, other than spouse, work here?
 Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work: _____ / _____ / _____

Are you available to work: Full-Time Part-Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

High School: _____
Address: _____
Course of Study: _____
Number of Years Attended: _____
Diploma/Degree: _____

Undergraduate College: _____
Address: _____
Course of Study: _____
Number of Years Attended: _____
Diploma/Degree: _____

Graduate Professional: _____
Address: _____
Course of Study: _____
Number of Years Attended: _____
Diploma/Degree: _____

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: _____
Telephone Number(s): _____
Job Title: _____
Supervisor: _____
Reason for Leaving: _____

2. Employer: _____
Dates Employed: _____
Work Performed: _____
Address: _____
Telephone Number(s): _____
Job Title: _____
Supervisor: _____
Reason for Leaving: _____

3. Employer: _____
Dates Employed: _____
Work Performed: _____
Address: _____
Telephone Number(s): _____
Job Title: _____
Supervisor: _____
Reason for Leaving: _____

4. Employer: _____
Dates Employed: _____
Work Performed: _____
Address: _____
Telephone Number(s): _____
Job Title: _____
Supervisor: _____
Reason for Leaving: _____

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

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

REFERENCES

Name: _____
Phone #: _____
Address: _____

Name: _____
Phone #: _____
Address: _____

Name: _____
Phone #: _____
Address: _____

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 not 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

PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks:

INTERVIEWER:

DATE:

Employed Yes No

Job Title: _____

Date of Employment: _____

Hourly Rate/ Salary: _____

Department: _____

NAME AND TITLE:

DATE:

FOR PERSONNEL DEPARTMENT USE ONLY

NAME:

Position(s) Applied For Is Open:

Yes

Position(s) Considered For:

Date

REQUEST FOR ABSTRACT OF LICENSE INFORMATION

DEPARTMENT:

DATE:

NAME (First/Middle Initial/Last):

JOB TITLE:

DATE OF HIRE:

PERMANENT ADDRESS:

PREVIOUS OUT OF STATE ADDRESS, IF ANY:

(PRINT CLEARLY) DRIVERS LICENSE NUMBER:

TYPE(S) OF LICENSES YOU HOLD:

AUTO ___ CDL ___ BUS 1 ___ BUS 2 ___
ARTICULATING (TRACTOR TRAILER) ___ MOTORCYCLE ___

I hereby release this information to the Township of Long Hill and understand that the Township of Long Hill will use this information to verify my driving record. I authorize the Township of Long Hill to obtain an abstract of my driving record from the Department of Motor Vehicles. I further understand that the Towns Long Hill may request additional abstracts of my driving record from time to time and I bereby authorize the same.

EMPLOYEE SIGNATURE

DATE

DEPT. HEAD SIGNATURE

DATE