

TOWNSHIP OF LITTLE EGG HARBOR
665 Radio Road
Little Egg Harbor, New Jersey 08087

Application for Employment

Applicant Information:	Date: _____
Name (Last, First, Middle) _____	
Address _____	
City/Town _____	
Phone: (____) _____	
How long have you resided at this address? _____	

Position applied for: _____

Date you can start: _____ Salary desired: _____

Are you currently employed: ___ Yes ___ No May we contact you at work: ___ Yes ___ No

Are you currently employed: ___ Yes ___ No

Have you ever worked for the Township of Little Egg Harbor in the past: ___ Yes ___ No

If yes, please provide the dates of employment, department you worked in and title: _____

Do you have transportation to and from 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," "no contest" or been convicted of a crime which bear a relationship to the position you are applying for: ___ Yes ___ No

If you answer "Yes" to the above question, please explain in detail, including relevant dates.
(Answering "Yes" does not constitute an automatic bar to employment.): _____

Employment is conditional upon the results of the criminal background check.

Complete Only if You are Applying for a Driving Position

If the position for which you are applying for involves operating a township vehicle of any kind, please answer the questions:

Do you have a valid New Jersey Driver's License: _____ Yes _____ No

Do you have a valid New Jersey CDL License: _____ Yes _____ No

Are there currently any points assessed against your license: _____ Yes _____ No
If yes, how many: _____

Driver's License Number: _____

Have you held a driver's license issued by another state: _____ Yes _____ No

Has your driving privilege been suspended or revoked in any state during the past five (5) years:
_____ Yes _____ No

If yes, please explain: _____

The Township of Little Egg Harbor is an Equal Opportunity Employer

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.

Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please explain any gaps in your employment: _____

Education: Provide information on your formal schooling and education. any formal vocational or professional education.

School	Years completed (Circle)	Graduated (Circle)	Major Field
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

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.

References: Please provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives, former supervisors or township employees.

Name & Address	Phone Number	Years Known

Understandings and Agreements:

As an applicant for a position with the Township of Little Egg Harbor, 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 Little Egg Harbor later discovers that information on this form was incomplete, untrue or inaccurate.

I give the Township of Little Egg Harbor 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 Little Egg Harbor the right to secure additional job-related information about me.

I release the Township of Little Egg Harbor and its representatives from all liability for seeking such information.

I understand that the Township of Little Egg Harbor is an equal opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Little Egg Harbor 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 Township of Little Egg Harbor may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Little Egg Harbor 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: () _____

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 use only

Hired: __ Yes __ No **Position** _____ **Date**

Which EEO job classification best describes the position for which the applicant applied?

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

(local unit type) Official _____

Date _____

This section for Township use only!
Results of interview

Interviewer:

Date: _____ **Time:** _____