

# APPLICATION FOR EMPLOYMENT



# BOROUGH OF HARVEY CEDARS

P.O. BOX 3185, HARVEY CEDARS, NJ 08008

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

*(PLEASE PRINT)*

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

Best time to contact you at home is:	_____ am / pm
Are you over 18 years of age?	_____ Yes    _____ No
Have you ever been employed with us before? If yes, give date _____	_____ Yes    _____ No
Do any of your friends or relatives work here? If yes, state name and relationship _____	_____ 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? <i>Proof of citizenship or immigration status will be required upon employment.</i>	_____ Yes    _____ No
Are you currently on "lay-off" status and subject to recall?	_____ Yes    _____ No
Can you travel if a job requires it?	_____ Yes    _____ No
Date available for work _____	
What is your desired salary range? _____	

## EDUCATION

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

## WORK 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.

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Comments: Include explanation of any gaps in employment.**


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


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:*


**SPECIALIZED SKILLS** (Skills/Equipment Operated)

Please list type of equipment/software (where applicable) and check level of experience (3 being highest):

<u>Type</u>	0	1	2	3
PC Computer _____	---	---	---	---
Operating System _____	---	---	---	---
Word Processing _____	---	---	---	---
Spreadsheet _____	---	---	---	---
Database _____	---	---	---	---
Accounting _____	---	---	---	---
Typewriter _____	---	---	---	---
Other _____	---	---	---	---
_____	---	---	---	---
_____	---	---	---	---

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

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL / PROFESSIONAL REFERENCES** (Do not include family members or past supervisors.)

Name	Phone No.	Occupation
1.		
2.		
3.		

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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

## 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

## NOTES

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