

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

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

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

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

Comments: Include explanation of any gaps in employment.

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

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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:

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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
