

# 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 OR TYPE)*

Position(s) Applied For		Date of Application		
How did you learn about us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Social Media	
<input type="checkbox"/> Emp. Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name
Address: Number	Street	City	State	Zip Code
Phone Number	Email			

Best time to contact you 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?  
*Proof of citizenship or immigration status will be required upon employment.....*  Yes  No

Date Available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you available to work:  Full Time  
 Part Time (please indicate  morning  afternoon  evening)  
 Temporary (please indicate dates available \_\_\_\_\_ - \_\_\_\_\_)

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

# EDUCATION

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

**Describe any specialized training, apprenticeship, skills & 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.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Phone Number				
Email:				
Job Title:	Supervisor:	Reason For Leaving:		

Employer		Dates Employed		Work Performed
		From	To	
Address				
Phone Number				
Email:				
Job Title:	Supervisor:	Reason For Leaving:		

Employer		Dates Employed		Work Performed
		From	To	
Address				
Phone Number				
Email:				
Job Title:	Supervisor:	Reason For Leaving:		

If you need additional space, please continue on a separate sheet of paper

List professional, trade, business or civic activities and office held.

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:


# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.


## SPECIALIZED SKILLS (Check Skills/List Equipment Operated)

<input type="checkbox"/> Windows	<input type="checkbox"/> Other (Please List)
<input type="checkbox"/> MS/Word	_____
<input type="checkbox"/> Excel	_____
<input type="checkbox"/> Outlook	_____
<input type="checkbox"/> ADP	_____
<input type="checkbox"/> PowerPoint	_____
<input type="checkbox"/> Publishing Software	_____
<input type="checkbox"/> QuickBooks	_____

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


**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?     Yes    No

## REFERENCES

Name:			
Address:			
Phone:		Email:	

Name:			
Address:			
Phone:		Email:	

Name:			
Address:			
Phone:		Email:	

**FOR HUMAN RESOURCES/PERSONNEL DEPARTMENT ONLY**

Position(s) Applied For is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

Date: \_\_\_\_\_

**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 applicants 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 HUMAN RESOURCES/PERSONNEL DEPARTMENT ONLY**

Arrange Interview  Yes  No

Remarks: \_\_\_\_\_

Employed:  Yes  No Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Department: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATIONS CAN BE MAILED/EMAILED TO:**

**Township of Winslow**  
**PERSONNEL DEPARTMENT/HUMAN RESOURCES**  
125 SOUTH ROUTE 73  
BRADDOCK, NJ 08037  
djacobehart@winslowtownship.com