

BLAIRSTOWN TOWNSHIP

106 Route 94, Blairstown, NJ 07825

Date: _____

Employment Application

| | |
|-------------------------------|-------------------|
| Applicant Information: | |
| Name (Last, First, Middle): | _____ |
| Address: | _____ |
| City/Town: | _____ |
| Phone (Work): () _____ | (Home): () _____ |

Position applied for: _____

Have you ever applied to Blairstown Township before? Yes No If yes, give date _____

Date you can start: _____ Salary desired: _____

You are available to work: Full time Part time Shift work Temporary

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

May we contact your current employer? Yes No

Do you possess a current driver's license? Yes No

Do you possess a current CDL? Yes No

Please list any endorsements: _____

If you are under 18 years of age, can you provide proof of eligibility to work? Yes No

Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

The Township of Blairstown is an Equal Opportunity Employer M/F

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. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

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

COMMENTS:

EDUCATION: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

| School: | Years completed: (Circle) | Graduated: (Circle) | Major Field: |
|-------------|------------------------------|------------------------|--------------|
| Elementary: | 5 6 7 8 | Yes No | N/A |
| High: | 1 2 3 4 | Yes No | |
| College: | 1 2 3 4 | Yes No | |
| Other: | 1 2 3 4 | Yes No | |

LANGUAGES: List any foreign languages you speak or write fluently.

| Language: | Speak Some: | Speak Fluently: | Read: | Write: |
|-----------|-------------|-----------------|-------|--------|
| | | | | |
| | | | | |
| | | | | |

SPECIAL SKILLS AND 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.

COMMENTS AND ADDITIONAL INFORMATION: Is there any additional information about you we should consider?

REFERENCES: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

| Name & Address: | Phone Number: | Years Known: |
|-----------------|---------------|--------------|
| | | |
| | | |
| | | |

UNDERSTANDINGS AND AGREEMENTS:

As an applicant for a position with the Township of Blairstown, 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 later discovers that information on application was incomplete, untrue, or inaccurate. I give the Township of Blairstown the right to investigate the information I have provided, confer with former employers (except where I have indicated they may not be contacted). I give the Township of Blairstown the right to secure additional job-related information about me. I release the Township of Blairstown and its representatives from all liability for seeking such information. I understand that the Township of Blairstown is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the township 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 Blairstown may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Blairstown 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.

Applicant's Signature _____

Date _____

This page for Blirstown Township use only!
Results of interview

Interviewer: _____

Date: _____ Time: _____

COMMENTS: