

APPLICATION FOR EMPLOYMENT

PENNINGTON BOROUGH IS AN EQUAL OPPORTUNITY EMPLOYER

We consider 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 Clearly)

Position Desired	Date of Application
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How Did You Hear About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Other _____			

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Phone Number	Email		

Best time to contact you _____	
Are you over 18 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, can you provide the required proof of your eligibility work <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever applied for a job at Pennington Borough?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide the date _____	
Do any of your friends, or relative other than spouse work here?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide name and relationship _____	
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact your present employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you legally eligible for employment in the US? (<i>Proof will be required</i>)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date available to work ____/____/____	Desired Salary range _____
Your availability for work: <input type="checkbox"/> Full Time (Please circle: 1 2 3 shift)	
<input type="checkbox"/> Part Time (Please circle: Mornings Afternoon Evenings)	
<input type="checkbox"/> Temporary (Dates available) ____/____ - ____/____/____	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you travel if a job requires it?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

School	Degree	Course of Study / Years completed

WORK EXPERIENCE – Begin with most current

Employer	Job Description / Accomplishments
Date of Employment	
Job title	
Supervisor	
Telephone	
Reason for leaving	May we contact your supervisor <input type="checkbox"/> YES <input type="checkbox"/> NO

Employer	Job Description / Accomplishments
Date of Employment	
Job title	
Supervisor	
Telephone	
Reason for leaving	May we contact your supervisor <input type="checkbox"/> YES <input type="checkbox"/> NO

Employer	Job Description / Accomplishments
Date of Employment	
Job title	
Supervisor	
Telephone	
Reason for leaving	May we contact your supervisor <input type="checkbox"/> YES <input type="checkbox"/> NO

Skills – Please describe any office skills / specialized training

Specialized Skills - (Equipment or Machinery Operation) if applicable

Additional Relevant Qualifications – Please describe any other relevant qualifications

Certifications – Please list any relevant certifications

Additional Relevant Qualifications – Please describe any other relevant qualifications

NOTE: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation the requirements of the job?

☐ YES ☐ NO

Personal / Professional References - (No family members or past supervisors)

Name	Phone Number	Best Time to Call	Title
1.			
2.			
3.			

Applicant Statement

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in the employment decision process.

This application for employment shall be considered active for a period of time not to exceed 45 days.

I hereby understand and acknowledge that, unless otherwise defined by applicable NEW JERSEY law, any employment relationship with this organization is an "at will", 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 may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of this organization.

In the event of employment, I understand that false or misleading information given in mu application or interview may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature

Signature of Applicant _____

Date _____