

# 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)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement       Relative       Inquiry  
 Employment Agency       Friend       Other \_\_\_\_\_

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number (Voluntary)
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Best time to contact you at home is: ..... : ..... <sup>AM</sup>/<sub>PM</sub>

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 \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:       Full-Time      (please indicate 1 2 3 shift)  
     Part-Time      (please indicate Mornings Afternoon Evenings)  
     Temporary      (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

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

Can you travel if a job requires it? .....  Yes       No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

/  
/  
/

# EDUCATION

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

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

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Describe any job-related training received in the United States military.

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# 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.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	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 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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# ADDITIONAL INFORMATION

## Other Qualifications

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

## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

*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

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Address) \_\_\_\_\_ Phone #
2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Address) \_\_\_\_\_ Phone #
3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Address) \_\_\_\_\_ Phone #

# 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 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

*This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.*

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:  Yes  No

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

\_\_\_\_\_

Date \_\_\_\_\_

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Lis  
You  
pre

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**REQUEST FOR ABSTRACT OF LICENSE INFORMATION**

DEPARTMENT \_\_\_\_\_

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

JOB TITLE \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

PREVIOUS OUT OF STATE ADDRESS, IF ANY

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

(PRINT CLEARLY)

DRIVERS LICENSE NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TYPE(S) OF LICENSES YOU HOLD

AUTO \_\_\_\_\_ CDL \_\_\_\_\_ BUS 1 \_\_\_\_\_ BUS 2 \_\_\_\_\_

ARTICULATING (TRACTOR TRAILER) \_\_\_\_\_ MOTORCYCLE \_\_\_\_\_

I hereby release this information to the Township of Long Hill and understand that the Township of Long Hill will use this information to verify my driving record. I authorize the Township of Long Hill to obtain an abstract of my driving record from the Department of Motor Vehicles. I further understand that the Township of Long Hill may request additional abstracts of my driving record from time to time and I hereby authorize the same.

\_\_\_\_\_  
EMPLOYEE SIGNATURE DATE DEPT. HEAD SIGNATURE DATE