



TOWNSHIP OF EAST BRUNSWICK
PO BOX 1081
1 JEAN WALLING CIVIC CENTER
EAST BRUNSWICK, NJ 08816
PHONE: 732-390-6817
FAX: 732-390-3244
"An Equal Opportunity and ADA Employer"
APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Please complete pages 1-4

DATE _____

Name _____
Last First Middle

Present Address _____
Number Street City State Zip

How Long _____ Social Security No. _____ - _____ - _____

Telephone () _____ Cell Phone () _____

Email Address _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
No Pref _____ Thurs _____
(2) _____ Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

(Be Specific)
How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL OR PART-TIME

When are you available for work? _____

Are you currently employed by the Township of East Brunswick? _____ If yes, position title and department: _____

Do you have any relatives who are currently employed at the Township of East Brunswick? _____ If yes, please indicate name and department of relative: _____

Have you previously been employed with the Township of East Brunswick? _____ If yes, indicate department, dates and name of manager: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO YES

If yes, please explain _____

Are you currently authorized to work in the United States? YES NO

DO YOU HAVE A NEW JERSEY'S DRIVER'S LICENSE? YES NO

Driver's License No. _____ State of issue _____ Exp Date _____

Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone () _____ Telephone () _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD YES NO

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reasons for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reasons for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No
 Did you complete this application yourself? Yes No
 If not, who did? _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with the Township of East Brunswick creates an actual or implied contract of employment. I understand that, if I accept employment with the Township of East Brunswick, it will be on an at-will basis. This means that either the Township of East Brunswick or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I authorize the Township of East Brunswick to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release the Township of East Brunswick and its employees from all liability arising from such investigation.

Signature of applicant _____ Date _____

Voluntary Demographic Data

The voluntary information requested below is used to assist us in our compliance with Federal/State Equal Employment Opportunity record keeping and reporting. Your response is voluntary and will not be used in any way to determine your eligibility for employment.

Circle One:

Gender: Female Male Not Disclosed

Race: Asian / Pacific Islander Hispanic
 Black White
 Native American / Alaskan Native Not Disclosed