

Application For Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____

LAST

FIRST

MIDDLE

Address _____

NUMBER

STREET

CITY

STATE

ZIP CODE

Telephone (_____) _____

Area Code

Social Security Number _____

If employed and you are under 18,
can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? 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? Yes No

(Proof of citizenship or immigration status
may be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? No Yes

If Yes, please explain _____

Veteran of the U.S. military service? Yes No If Yes, Branch _____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes No

If Yes, please indicate: _____

DRIVERS DO YOU HAVE A VALID DRIVER'S LICENSE IN THIS STATE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LICENSE NO: _____ LIST ANY MOVING VIOLATIONS DURING THE LAST FIVE YEARS UNDER "COMMENTS."	EMERGENCY INFORMATION	NOTIFY _____			
	SPECIAL INSTRUCTIONS	NAME	RELATIONSHIP		
		NO.	STREET	CITY	STATE
		AREA CODE	NUMBER	EXTENSION	

Comments: _____

List professional, trade, business or civic activities and offices held.
(Exclude those which indicate race, color, religion, sex, national origin or other protected status): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, national origin, handicap or other protected status.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

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

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

Education

	Elementary					High				College/University				Graduate/Professional			
School Name																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course Of Study:																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

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

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

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 Company.

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 _____

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BOROUGH OF RUNNEMEDE

EMPLOYMENT APPLICATION ADDENDUM

Do you have a valid driver's license? _____

If yes, what State? _____

If no, was your licensed suspended or revoked? _____ When? _____

Please list your driving history as to any suspensions or revocations, the dates and length of suspension or revocation and the reason for same

I hereby consent to the Borough Clerk obtaining my Driver's Abstract from the DMV. If I have made any misrepresentations on this application, I am subject to immediate dismissal from employment with the Borough. I have read and understand this application.

Date:

PRINT NAME:

WITNESS