

EMPLOYMENT APPLICATION

**Hopewell Township
590 Shiloh Pike
Bridgeton, NJ 08302**

If you need assistance in filling out the application assistance can be provided

Position applied for: _____ **Date:** _____

Applicant Information:

NAME (Last, First, Middle): _____
Please Print

APPLICANTS ADDRESS: _____
Street Number Street Name
PO No. City State Zip County

Phone (Work): _____ **(Home):** _____

Social Security Number#: _____ - _____ - _____ **Email:** _____

Have you ever applied to the Hopewell Twp. before: _____ Yes _____ No If yes, give date _____

Date you can start: _____ Salary desired: _____

Are you 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

Are you currently on layoff status and subject to recall: _____ Yes _____ No

Do you possess a current driver's license: _____ Yes _____ No

Do you possess a current commercial driver's license: _____ Yes _____ No

Please list any endorsements: _____

Are you legally eligible to work in the United States of America: _____ Yes _____ No

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

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 Comments section at the bottom of this page.

1) Employer: _____ Date Employed: From: _____ To: _____

Address: _____
Street Number Street Name City State Zip

Job Title: _____

Work Performed/Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name _____ Phone: _____ May we contact for a reference: _____ Yes _____ No

2) Employer: _____ Date Employed: From: _____ To: _____

Address: _____
Street Number Street Name City State Zip

Job Title: _____

Work Performed/Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name _____ Phone: _____ May we contact for a reference: _____ Yes _____ No

3) Employer: _____ Date Employed: From: _____ To: _____

Address: _____
Street Number Street Name City State Zip

Job Title: _____

Work Performed/Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name _____ Phone: _____ May we contact for a reference: _____ Yes _____ No

4) Employer: _____ Date Employed: From: _____ To: _____

Address: _____
Street Number Street Name City State Zip

Job Title: _____

Work Performed/Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name _____ Phone: _____ May we contact for a reference: _____ Yes _____ No

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.

<u>School</u>	<u>Years completed</u>	<u>Graduated</u>	<u>Major Field</u>
Elementary: _____	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
High: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
College: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Other: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Languages: List any foreign languages you know and indicate your level of proficiency.

<u>Language</u>	<u>Level of Proficiency</u>			
_____	<input type="checkbox"/> Speak Some	<input type="checkbox"/> Speak Fluently	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Speak Some	<input type="checkbox"/> Speak Fluently	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Speak Some	<input type="checkbox"/> Speak Fluently	<input type="checkbox"/> Read	<input type="checkbox"/> 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 & 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 and Address

Phone Number

Years Known

Understandings and Agreements:

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

Conditions of Employment:

Please be advised that all offers of employment are conditional on the applicant passing a mandatory drug test and pre-employment medical/physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or nonprescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. *For your application to be considered you must sign and date below.*

Applicant's Signature: _____ Date: _____