

EMPLOYMENT APPLICATION



APPLICATION FOR EMPLOYMENT

NOTICE TO EQUAL EMPLOYMENT OPPORTUNITY: The Township of Montgomery, in compliance with the state and federal anti-discrimination laws, offers equal employment opportunity without regard to the applicants' race, color, religion, gender, age, national origin, disability, sexual or affect ional orientation, veteran status or marital status. The Township Commitment to equal opportunity extends all terms and conditions of employment. Please note, the application will be considered inactive after 30 days. To be considered beyond that time, re-application is required.

PERSONAL INFORMATION

(PLEASE PRINT CLEARLY)

Date: _____ Driver's License: _____
(State and Number)

Name: _____
Last First Middle

Social Security No.: _____ - _____ - _____ email address: _____

Present Address: _____
No. Street City State Zip Code

Previous Address: _____
No. Street City State Zip Code

Home Telephone Number: _____ - _____ - _____ Cell Phone Number: _____ - _____ - _____

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___ If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen: Yes ___ No ___ If no, hire is subject to verification that you are of minimum legal age.

Position(s) Applied for: _____

Were you previously employed by The Township of Montgomery? Yes ___ No ___ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Do you have other job-related experience, skills, or qualifications that could be a benefit in performing the job for which you are applying?

Have you been convicted of a crime or entered a guilty plea in a criminal court? Yes ___ No ___

If "YES", please state the offense for which you were convicted or to which you plead guilty and the date and place of your conviction or plea: _____

Name of offense: _____ Date and Place of Conviction or Plea: _____

NOTE: This question seeks information about your criminal record, not your traffic offenses of civil litigation. Do not answer "Yes" if your conviction or plea has been pardoned, annulled, expunged, sealed, or impounded by the court. A criminal record does not disqualify you for employment, but will be considered in determining whether your background is appropriate for the particular position sought. You may, therefore, be required to provide additional information or agree to further investigation of your criminal record as a condition of employment.

EMPLOYMENT HISTORY

BEGINNING WITH THE MOST RECENT, PLEASE LIST BELOW PRESENT AND PAST EMPLOYMENT HISTORY.

I.
 Name of Company: _____ Address: _____
 Type of Business: _____ Supervisor: _____ Phone #: _____
 Worked From: _____ To: _____
 Reason for Leaving: _____
 Job Description: _____

II.
 Name of Company: _____ Address: _____
 Type of Business: _____ Supervisor: _____ Phone #: _____
 Worked From: _____ To: _____
 Reason for Leaving: _____
 Job Description: _____

III.
 Name of Company: _____ Address: _____
 Type of Business: _____ Supervisor: _____ Phone #: _____
 Worked From: _____ To: _____
 Reason for Leaving: _____
 Job Description: _____

IV.
 Name of Company: _____ Address: _____
 Type of Business: _____ Supervisor: _____ Phone #: _____
 Worked From: _____ To: _____
 Reason for Leaving: _____
 Job Description: _____

RECORD OF EDUCATION

SCHOOL NAME	ADDRESS	COURSE OF STUDY	CIRCLE LAST GRADE GRADUATED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			ELEMENTARY 5 6 7 8		
			HIGH SCHOOL 1 2 3 4		
			COLLEGE 1 2 3 4		
			OTHER (SPECIFY)		

PERSONAL REFERENCES

(PERSONS OTHER THAN FORMER EMPLOYEES OR RELATIVES)

1.

Name: _____

Occupation: _____

Address: _____

Phone Number: _____

2.

Name: _____

Occupation: _____

Address: _____

Phone Number: _____

3.

Name: _____

Occupation: _____

Address: _____

Phone Number: _____

AUTHORIZATION TO CHECK REFERENCES

I, _____ (Print Full Name)

Hereby authorize any individual, institution, company corporation, or person with whom I have been associated as an employee, acquaintance, applicant for a position or in any other manner, to furnish the Montgomery Township Personnel Department with any information, which is on record or otherwise known, concerning my character, reputation or abilities. I also hereby release the individual, institution, company, corporation, or person and all individuals connected therewith from all liability for any damage whatsoever in furnishing such information to the Montgomery Township Personnel Department.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OR DRIVING RECORDS

I, _____ (Print Full Name)

Hereby authorize release of my motor vehicle and/or driving records and related information to the Township of Montgomery. I hereby waive any and all claims against the Township of Montgomery and any agency or individual who requests or provides information in connection with this Authorization. This Authorization shall expire sixty (60) days after the date set forth below.

A facsimile or copy of this Authorization shall have the same force and effect as the original.

Signature of Applicant

Date

PLEASE READ AND SIGN BELOW

I, _____ **(Print Full Name)**

Represent that the information provided in my application is true, complete and correct. I *acknowledge* that in the event the Township determines that the information I have provided is false, incomplete or incorrect, my application will not be considered or, if already hired, I will be subject to immediate termination. I *acknowledge* that this application is not a contract of employment and does not obligate the Township in any way. I *agree* that, as a condition of being considered for employment, I will execute an Authorization for Release of Background Information.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION

I, _____ (Print Full Name), hereby authorize the individuals I have listed as references and all of my former employers to furnish the Township of Montgomery (the "Township") with information regarding my character, reputation, performance and disciplinary records, salary history, and any other information which the Township deems useful in reviewing my application for employment. I further authorize all educational institutions in which I have ever enrolled to release copies of my academic transcripts. I agree that the Township has no obligation to confirm or investigate any information provided by my references, former employers or any educational institution.

I hereby authorize the Township to request and review my Driving History Records in all states in which I have been licensed. (Please list state, license number and whether it is a Commercial Drivers License).

State	Drivers License Number	Commercial (yes - no)
State	Drivers License Number	Commercial (yes - no)
State	Drivers License Number	Commercial (yes - no)

I understand and agree that the Township may secure a copy of my credit history from a consumer-reporting agency. I understand that I will be provided notice in the event the Township engages a consumer-reporting agency to prepare an investigative consumer report as defined by the Fair Credit Reporting Act. In the event I am denied employment in whole or part because of my credit history, the Township will provide me with the name and address of the consumer-reporting agency responsible for providing my credit report.

I agree that if it is determined that I am otherwise qualified for the position for which I am applying, I will sign an Authorization permitting the Township to request a check of my criminal history pursuant to N.J.S.A. 53:1-20.6. I understand that in the event I am to be denied employment based on my criminal history, I will have an opportunity to review and challenge the accuracy of my criminal history records.

In order to facilitate a free and frank exchange of information, I hereby release all persons and institutions that provide information to the Township, and all individuals connected with them, from all liability whatsoever for furnishing such information.

A photo static copy of this authorization may be used as if it were an original. This authorization shall lapse ninety (90) days from the date signed below.

Signature of Applicant	Date
Witness Signature	Date

The following information will be used for identification and background check purposes only.

Social Security Number	Driver's License Number
	Mother's Maiden Name

BY WHAT METHOD DID YOU BECOME AWARE OF THE AVAILABILITY OF THIS POSITION?

_____ Website / Online

_____ Relative

_____ Friend

Other (please explain): _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICIAL USE ONLY

POSITION: _____

DATE: _____

COMMENTS: _____
