



EMPLOYMENT APPLICATION

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, disability or age. The Township of Monroe operates under the New Jersey Administrative Code, Title 4A & 11A. Certain positions require certification through the State Department of Personnel. The Township of Monroe is an Equal Opportunity Employer.

(PLEASE PRINT)

Position (s) Applied for				Date	
Last Name		First Name		Middle Initial	
Address Number	Street	City	State	Zip Code	
Telephone Number (s) (house phone, cell phone)			Social Security Number - -		
How did you learn about the position?				<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
				<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other
				<input type="checkbox"/> Relative	<input type="checkbox"/> Posting

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If yes, give date (s) _____ Yes No

Have you ever been employed with us before? If yes, give date (s) _____ Yes No

Will you authorize us to check your Motor Vehicle Record? Yes No

Do you possess a valid driver's license Yes No If Yes, which Class _____

Are you currently employed? Yes No

May we contact your previous employers? 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

On what date would you be available for work?

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

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

Can you travel if a job requires it? Yes No

Have you served in the armed forces? (If yes, your DD214 papers may be requested for review) Yes No
 If Yes, what type of discharge did you receive?

Have you ever been convicted of a misdemeanor, ordinance violation, felony, crime, in this state or any other jurisdiction within the last seven years? If Yes, please provide copies of any and all information regarding disposition of same. Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

EDUCATION

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

Indicate any foreign languages you can speak and/or write

	FLUENT	GOOD	FAIR	
SPEAK				
READ				
WRITE				

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, handicap or other protected status.

1. Employer	Dates Employed From _____ To _____	Work Performed
Address	Hourly Rate/Salary	
	Starting _____ Final _____	
Telephone Number (s)		
Job Title	Supervisor	Reason for Leaving

2. Employer	Dates Employed From _____ To _____	Work Performed
Address	Hourly Rate/Salary	
	Starting _____ Final _____	
Telephone Number (s)		
Job Title	Supervisor	Reason for Leaving

3. Employer	Dates Employed From _____ To _____	Work Performed
Address	Hourly Rate/Salary	
	Starting _____ Final _____	
Telephone Number (s)		
Job Title	Supervisor	Reason for Leaving

◆ If you need additional space, please continue on the reverse side of this sheet.

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.

ADDITIONAL INFORMATION

Other Qualifications

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

Specialized Skills

Check Skills/Equipment Operated

- PC
- Calculator
- Typewriter
- Fax
- Microsoft Office (Word, Excel, Outlook)
- Windows 2000/XP
- Computer Graphics
- Power Point
- Internet/email capable

**Machinery of Computer
capability not listed**

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.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? Yes No

PLEASE PROVIDE 3 <u>BUSINESS</u> REFERENCES		
1.		
Name	Address	Phone#
2.		
Name	Address	Phone#
3.		
Name	Address	Phone#
PLEASE PROVIDE 3 <u>PERSONAL</u> REFERENCES		
1.		
Name	Address	Phone#
2.		
Name	Address	Phone#
3.		
Name	Address	Phone#

I certify that the information supplied by me on this application for employment is true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this employment application, as deemed necessary for the Township of Monroe, to arrive at a decision to offer employment.

In the event of employment, I understand that any false or misleading information given in my application or interview (s) may result in discharge.

I understand, that all employment offers are conditional until the applicant or candidate passes a pre-employment drug screening and a criminal history check at the expense of the Township of Monroe and that all 6 phases of the hiring process have been met.

Signature of Applicant

Date