



Township of Monroe
Division of Human Resources
125 Virginia Avenue
Williamstown, NJ 08094
856-728-9800, ext. 205

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.

Position Applied for				Date	
Last Name		First Name		Middle Initial	
Address Number	Street	City	State	Zip Code	
Telephone Number(s) (house phone, cell phone)					
Email Address					
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

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

Do you possess a valid driver's license Yes No

Do you possess a valid commercial driver's license? If Yes, which Class _____

Are you currently employed? Yes No

May we contact your previous employers? Yes No

Are you authorized to work in the United States? Yes No

On what date would you be available for work?

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

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

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

EDUCATION

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

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification	Date Issued	Date expires	Issued by/Location of issuing authority (State or other authority)	License No.

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Employment History

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

Position Title: _____ Employer: _____ Location: _____ Employer's Telephone No.: (____) _____ - _____			Immediate Supervisor Name: _____ Title: _____	Full-Time Part-Time Summer Temporary
Start Date	End date	Current/Final Salary	Average # hours per week	If supervisory, # of employees you supervised
		\$		

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving: _____

Position Title: _____ Employer: _____ Location: _____ Employer's Telephone No.: (____) _____ - _____			Immediate Supervisor Name: _____ Title: _____	Full-Time Part-Time Summer Temporary
Start Date	End date	Current/Final Salary	Average # hours per week	If supervisory, # of employees you supervised
		\$		

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving: _____

Employment History *continued*....

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

Position Title: _____ Employer: _____ Location: _____ Employer's Telephone No.: (____) _____ - _____		Immediate Supervisor Name: _____ Title: _____	Full-Time Part-Time Summer Temporary	
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Start Date	End date	Current/Final Salary	Average # hours per week	If supervisory, # of employees you supervised
		\$		

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving: _____

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.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as computer equipment, types of software and/or hardware.

PLEASE PROVIDE 3 BUSINESS REFERENCES

1.		
Name	Address	Phone#
2.		
Name	Address	Phone#
3.		
Name	Address	Phone#

PLEASE PROVIDE 3 PERSONAL REFERENCES

1.		
Name	Address	Phone#

