



Borough of North Plainfield
 263 Somerset Street - North Plainfield, NJ 07060
 908 769-2935

Application For Employment

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

****We are an equal opportunity employer****

Position Applied for: _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____ Date of Birth: _____

How did you learn about us?

Advertisement Employment Agency Friend Relative Walk In Other _____

Date Available: _____ Social Security No.: _____

If you are under 18, can you provide required proof of your eligibility to work? YES NO

Have you filed an application with us before? YES NO

If yes, when? _____

Have you ever been employed with us before? YES NO If yes, when? _____

Are you currently employed? 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 will be required upon employment.**

On what date would you be available to 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 been convicted of a felony within the last 7 years? YES NO

If yes, please explain _____

Previous Employment

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.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Special Skills and Qualifications

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

Education, Special Skills and Qualifications

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and location				
Years Completed				
Diploma/ Degree				
Describe course of study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe and honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Special Skills and Qualifications

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. You may exclude memberships would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

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

1. _____

2. _____

3. _____

Have you had any job related training in the United States military? YES NO

If yes, please explain _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? YES NO

Applicant's Statement

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. This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

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 employer.

PLEASE INCLUDE A COPY OF YOUR NJ DRIVER'S LICENSE (FRONT AND BACK) AND ANY CERTIFICATIONS (FF1, EMT, CPR)

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

YES NO

Control Number _____

Remarks _____

Employed

YES NO

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

Dept. _____

By _____

Name and Title

Date

Notes _____

