

**APPLICATION FOR EMPLOYMENT**  
**Borough of Brooklawn**  
301 Christiana St. Brooklawn, NJ 08030



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For

Date of Application

How Did You Learn About Us?

- ☐ Advertisement ☐ Relative ☐ Facebook  
☐ Web Site ☐ Friend ☐ Other: \_\_\_\_\_

|                     |  |            |  |                        |          |
|---------------------|--|------------|--|------------------------|----------|
| Last Name           |  | First Name |  | Middle Name            |          |
| Address             |  | City       |  | State                  | Zip Code |
| Telephone Number(s) |  |            |  | Social Security Number |          |
|                     |  |            |  |                        |          |

Best time to contact you is: .....:.....AM/PM

If you are under 18 years of age, can you provide required

proof of your eligibility to work? ..... ☐ Yes ☐ No

Have you ever filed an application with us before? ..... ☐ Yes ☐ No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before? ..... ☐ Yes ☐ No

If yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? ..... ☐ Yes ☐ No

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

(Proof of citizenship or immigration status will be required upon employment) ..... ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:\_\_\_\_Full- Time (please indicate 1, 2, 3 shift) \_\_\_\_\_  
\_\_\_\_Part-Time (please indicate\_\_\_\_Mornings\_\_\_\_Afternoons\_\_\_\_Evenings)  
\_\_\_\_Temporary (please indicate dates available (\_\_\_\_to\_\_\_\_))

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

Can you travel if a job requires it? ..... ☐ Yes ☐ No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Application For Employment

|                 | Name and Address of School | Course of Study | Years Completed | Diploma Degree |
|-----------------|----------------------------|-----------------|-----------------|----------------|
| High School     |                            |                 |                 |                |
| College         |                            |                 |                 |                |
| Other (Specify) |                            |                 |                 |                |

[illegible]

# Employment Experience

Start with your represent 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, disabilities or other protected status.

|                    |             |                  |                |    |                |
|--------------------|-------------|------------------|----------------|----|----------------|
| 1.                 | Employer    |                  | Dates Employed |    | Work Performed |
|                    |             |                  | From           | To |                |
|                    | Address     |                  |                |    |                |
|                    | City, State | Telephone Number |                |    |                |
|                    | Job Title   | Supervisor       |                |    |                |
| Reason for Leaving |             |                  |                |    |                |
| 2.                 | Employer    |                  | Dates Employed |    | Work Performed |
|                    |             |                  | From           | To |                |
|                    | Address     |                  |                |    |                |
|                    | City, State | Telephone Number |                |    |                |
|                    | Job Title   | Supervisor       |                |    |                |
| Reason for Leaving |             |                  |                |    |                |
| 3.                 | Employer    |                  | Dates Employed |    | Work Performed |
|                    |             |                  | From           | To |                |
|                    | Address     |                  |                |    |                |
|                    | City, State | Telephone Number |                |    |                |
|                    | Job Title   | Supervisor       |                |    |                |
| Reason for Leaving |             |                  |                |    |                |
| 4.                 | Employer    |                  | Dates Employed |    | Work Performed |
|                    |             |                  | From           | To |                |
|                    | Address     |                  |                |    |                |
|                    | City, State | Telephone Number |                |    |                |
|                    | Job Title   | Supervisor       |                |    |                |
| Reason for Leaving |             |                  |                |    |                |

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

List professional, trade, business, or civic activities and offices held.

*You may exclude membership which would revel gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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## Additional Information

### Other Qualifications

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

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### **Specialized Skills (List Skills/Equipment Operated) e.g. CDL license or SLEO II**

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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, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ☐ Yes ☐ No

### **References**

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|    |           |     |          |
|----|-----------|-----|----------|
| 1. | (Name)    | ( ) | (Phone#) |
|    | (Address) |     |          |
| 2. | (Name)    | ( ) | (Phone#) |
|    | (Address) |     |          |
| 3. | (Name)    | ( ) | (Phone#) |
|    | (Address) |     |          |

## Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment 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 understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 this organization.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### For Borough of Brooklawn Use Only

Arrange Interview: ☐Yes ☐No

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed: ☐Yes ☐No

Date of Employment: \_\_\_\_\_

Hourly Rate/

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Department: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

Position(s) Applied For Is Open: ☐Yes ☐No

Position(s) Considered For: \_\_\_\_\_

Date: \_\_\_\_\_

# PERSONAL INFORMATION RELEASE

I, \_\_\_\_\_, reside at \_\_\_\_\_  
 Print Full Name Print Full Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

I do hereby authorize the Borough of Brooklawn to obtain any information from schools, residential management agents, employers, criminal justice agencies, personal physicians, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement performance, attendance, personal history, disciplinary, arrest and conviction records (both adult & juvenile), and all medical records.

I do hereby direct you to release such information upon request of the bearer. I understand that the information released is for the Borough's use only.

I hereby release any individual, including Record Custodians, from any and all liability for damages of whatever kind or nature which may at any time result to be on account of compliance or any attempts to comply with this authorization.

Signature of Applicant

Date: \_\_\_\_\_