

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?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Facebook
<input type="checkbox"/> Web Site	<input type="checkbox"/> Friend	<input type="checkbox"/> 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)				

Describe any specialized training, apprenticeship, skills and extra curricular activities.

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

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

1.	(_____)	(Phone#)
	(Address)	
2.	(_____)	(Phone#)
	(Address)	
3.	(_____)	(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: _____

Job Title: _____ Hourly Rate/ _____ Salary: _____ Department: _____

By: _____ Name and Title _____ Date _____

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date: _____

PERSONAL INFORMATION RELEASE

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: _____