

TOWNSHIP OF MIDDLETOWN



Organized December 14, 1667
"Pride in Middletown"

**1 KINGS HIGHWAY
MIDDLETOWN, NEW JERSEY 07748**

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Personnel Department.

General Information

Name _____	Social Security # _____ - _____ - _____
LAST FIRST MIDDLE	
Address _____	
STREET CITY STATE ZIP CODE	
Home Phone () _____	Alternate Number () _____
Email Address _____	Date of Application ____ / ____ / ____

Position or Type of Employment Desired _____	Interested in:
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Part-time <input type="checkbox"/>
If yes, list position and date _____	Temporary <input type="checkbox"/>
Date you are available to start _____	Full-time <input type="checkbox"/>
Salary desired _____	Seasonal <input type="checkbox"/>
If you are below the age of 18, can you provide proof of eligibility to work/permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pursuant to Federal Law, Proof of US Citizenship or immigration status will be required if you are hired.	
Drivers License number if driving is an essential job function _____	State _____
Do you possess a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes which class? _____	Expiration date _____
If Driving is a requirement of my job, I understand that my drivers credentials will be verified for accuracy. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Employment History: This section must be completed even if you attach a resume. List your last four employers or volunteer assignments. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments and Special Training: Please list any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position in which you are applying. _____

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Education

SCHOOL	YEARS COMPLETED (CIRCLE)	GRADUATED (CIRCLE)	MAJOR FIELDS
High:	1 2 3 4	YES NO	
College:	1 2 3 4	YES NO	
Other:	1 2 3 4	YES NO	

References: List 3 individuals whom we may contact as a reference, not relatives.

NAME & ADDRESS	PHONE NUMBER	YEARS KNOWN

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Middletown Township is true, complete and correct. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if Middletown Township later discovers that information on this form was incomplete, misrepresented in any respect, untrue or inaccurate.

I give Middletown Township, it's representatives or agents the right to investigate the information I have provided and verify the accuracy of all information provided by me in this application; including but not limited contacting former employers (except where I have indicated they may not be contacted). I give Middletown Township the right to secure and verify job-related, educational and training information about that I have provided. I hereby waive any and all rights and claims I may have regarding Middletown Township and its representatives from all liability for seeking such information in the employment process and all other persons, corporations or organizations for furnishing such information.

I understand that Middletown Township is an equal-opportunity employer and does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that, if employed, I may resign at any time and that Middletown Township may terminate me at any time in accordance with its established policies and procedures. This application does not constitute an agreement or contract for employment and I understand that No representatives of Middletown Township may make any assurances to the contrary.

I also understand that any offer of employment, may be subject to job-related medical, physical, drug or psychological tests. I also understand that some positions may involve complete background and criminal checks.

Please read the Applicant Statement above prior to signing below.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant's Signature _____ Date _____ / _____ / _____

The Township of Middletown is an Equal Opportunity Employer M/F

EEO MANDATORY INFORMATION - TOWNSHIP OF MIDDLETOWN

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship age, mental or physical disabilities, veteran/reserve/national guard or any similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In order to comply with EEO mandates it is necessary for the applicant to complete the following request for information. The information sought shall not be used in decisions regarding the hiring of qualified applicants on the basis of race, color, religion, sex, national origin, sexual orientation, age, citizenship, or mental or physical disabilities. However, no application will be considered unless the following information is supplied and failure to supply same will be deemed as an incomplete application.

PLEASE PRINT

Position(s) applied for _____ Date ____/____/____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement – Source _____ | | <input type="checkbox"/> Other _____ |

Name of person who referred you (if applicable) _____

Applicant InformationName _____ Telephone () _____
LAST FIRST MIDDLEAddress _____
STREET CITY STATE ZIP CODE

-
- Male
-
- Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|--|
| <input type="checkbox"/> White (not of Hispanic Origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multiracial (having parents of different races) |
- THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN.**

For Administrative Use OnlyPosition(s) applied for Available Not Available

Other position considered for _____

Hired Yes No

Position hired for _____ Date of hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date ____/____/____