

Township of Willingboro

APPLICATION FOR SEASONAL EMPLOYMENT

**ALL INFORMATION ON THIS APPLICATION MUST BE COMPLETED
OR THE APPLICANT WILL NOT BE CONSIDERED FOR
EMPLOYMENT**

POSITION APPLYING FOR _____

NAME: _____
(Last) (First) (Middle Initial)

CURRENT ADDRESS: _____
(Street) (City) (State) (Zip Code)

TELEPHONE NUMBER: _____

Have you ever worked for Willingboro Township? _____

If yes, in what capacity: _____

Dates: _____

Are you legally authorized to accept employment in this country?: _____
(Proof of citizenship or immigration status will be required if employed by the Township)

Do you have a valid driver's license?: _____

If yes, what type of license is it?: _____

What State issued this license?: _____

What is the license number?: _____

Are you able to work on varied shifts?: _____

Date you can begin work?: _____

Are you able to work on varied shifts?: _____

Will you work overtime whenever scheduled?: _____

Can you work weekends?: _____

Special skills you possess:

Do you hold any professional licenses or certifications?: i.e. lifeguard certification etc.: _____

If yes, please list: _____

Education History

Highest Grade Completed (Circle)

8th 9th 10th 11th 12th Cert/Assoc
Bachelors Masters Ph.D M.D. J.D.

	Name of School	Location	Year Graduated List Degree Received Or Year Completed
High School	_____	_____	_____
	_____	_____	_____
College	_____	_____	_____
	_____	_____	_____
Other	_____	_____	_____

Employment History (Current employment first)

Employer	Dates Employed	Title	Job Description
Name _____	From: _____	_____	_____
Address _____	To: _____	_____	_____
_____		_____	_____
Supervisor _____		_____	_____
Phone: (____) _____.		_____	_____
May we contact this employer? Yes No		Current Salary: _____	
Reason for leaving?: _____			
Employer	Dates Employed	Title	Job Description
Name _____	From: _____	_____	_____
Address _____	To: _____	_____	_____
_____		_____	_____
Supervisor _____		_____	_____
Phone: (____) _____.		_____	_____
May we contact this employer? Yes No		Ending Salary: _____	
Reason for leaving?: _____			

Please list the name, current address and phone number of three individuals that we may contact, (*not relatives or former employers*) who can provide a personal reference.

Name

Street

City

Phone Number

Name

Street

City

Phone Number

Name

Street

City

Phone Number

Please list the name and phone number of three individuals that we may contact, who can provide an employment reference.

Name

Street

City

Phone Number

Name

Street

City

Phone Number

Name

Street

City

Phone Number

It is the policy of the Township of Willingboro to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, sexual orientation, handicap or disability.

Township of Willingboro

**Employment Application
(SEASONAL)
Statement of Understanding**

I hereby state that the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. . I hereby authorize the individuals listed as personal references to release any personal information that may pertain to my work habits or work performance.

I understand that the Township may require applicants for employment to take a urinalysis or blood tests for drug and alcohol screening as part of a pre-employment physical, and psychological examination, and that any offer of employment with the Township is conditioned upon the results of my examination (including urinalysis or blood tests for drug or alcohol screens) being satisfactory.

Any and all applicants shall be subject to a police records check, fingerprinting and background check. (at the expense of the candidate)

I understand that if I am employed with the Township I may be required to submit to a drug or alcohol screening. Further, I understand that if I am involved in an on-the-job accident or if the Township has reasonable suspicion that I am under the influence of drugs or alcohol, I hereby authorize the release of the results of any physical examinations or drug tests required herein to the Township. I further understand that the Township may inspect all lockers and any bags (including purses or briefcases) or parcels brought into, or taken out of the Township facilities, and that my refusal to submit to a urinalysis, blood test, or search, when requested to do so, may result in the termination of my employment.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE TOWNSHIP, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I OR THE TOWNSHIP WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME.

I UNDERSTAND THIS IS A TEMPORARY PART TIME POSITION.

(Date)

(Signature)

(Printed Name)