

APPLICATION FOR EMPLOYMENT

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

POSITION APPLYING FOR ______

NAME:	
NAME:	
CURRENT ADDRESS:	
TELEPHONE NUMBER:	
Email Addresss:	
Have you lived at the above address less than 12 months, list previous address:	
Have you ever worked for Willingboro Township?	
If yes, in what capacity:	
Dates:	
Are you legally authorized to accept employment in this country?:	
Have you served in the Military? yes or no	
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?:	
Will you work overtime whenever scheduled?	

Can you work weeken	ds		_
Will you accept part-t	me work		_
Will you accept temporary work			
Special skills you poss	ess (electrical, mechan	ical, clerical, technical)	
If applying for an office o	r clerical position:		
Typing: Approximate WP	M	Shorthand:Appro	ximate WPM
Business machines you ca	an operate:		
Do you hold any professi If yes please list: Education History			
Highest Grade Complet	ed (Circle) 8 th 9 th	10 th 11 th 12 th Cert	/Assoc.
	Bache	elors Masters Ph.D	M.D J.D
	Name of School	Location	Year Graduated
			List Degree Received
High School:			

Employment History

Name of Job	_
Job Title	
Job Description:	
Employed From: To	
Address	
Supervisor	
Phone: ()	
Current Salary:	
Reason for leaving?	
May we contact this employer? Yes / No	

Name of Job	_	
Job Title		
Job Description:		
Employed From:	To	
Address		
Supervisor		
Phone: ()		
Current Salary:		
Reason for leaving?		
May we contact this employer? Yes / No		

Name of Job	
Job Title	
Job Description:	
Employed From: To	
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Phone: ()	
Current Salary:	
Reason for leaving?	
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Name of Job		
Job Title		
Job Description:		
Employed From:	To	
Address		
Supervisor		
Phone: ()		
Current Salary:		
Reason for leaving?		
May we contact this employer? Yes / No		

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

Name	Name
Address	Address
Email	Email
Phone Number	Phone Number
Name	
Address	
Email	
Phone Number	
Please list the name, business addre contact, who can provide profession	ess and phone number of three individuals that we may nal references.
Name	Name
Address	Address
Email	Email
Phone Number	Phone Number
Name	
Address	
Email	

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.

APPLICATIONS ARE KEPT ON FILE FOR SIX MONTHS



Employment Application 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 my former employers to release information pertaining to my work record, my work habits, or my work performance while in their employ.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract but will merely be a gratuitous statement of the Township's current position.

I understand that the Township may require applicants for employment to take a urinalysis or blood test 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 record check fingerprinting and background check (at the expense of the candidate)

I understand that if I am employed with the Township and I apply for a promotion I may be required to submit a drug or alcohol screening. I also understand that if I hold a safety-sensitive position, as defined by State and Federal Statutes, I may be required to submit periodic urinalysis or blood tests for drug or alcohol. Further, I 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 any refusal to submit a urinalysis, blood test, or search when requested to do so may result I 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 MPLOYMENT RELATIONSHIP AT ANY TIME, IN ACCORDANCE WITH THE STATE STATUES AND TOWNSHIP POLICIES. I UNDERSTAND THAT EMPLOYMENT BY THE TOWNSHIP IS SUBJECT TO NEW JERSEY DIVISION OF CIVIL SERVICE STATUES, RULES AND REGULATIONS. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND SIGNED BY ME AND THE TOWNSHIP MANAGER OF THE TOWNSHIP OF WILLINGBORO.

(Date)

(Signature)