



APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, handicap or marital status.

(PLEASE PRINT PLAINLY)

Date of Application

Position(s) Applied For

Referral Source: Advertisement Friend Relative Other

Name Last First Middle

Social Security No. Telephone No.

Address No. Street City State Zip

Were you previously employed by us? Yes No If yes, when?

Are you legally eligible for employment in the U.S.A.? Yes No If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes No If no, hire is subject to verification that you are of minimum legal age.

If your application is considered favorably, on what date will you be available for work?

Do any of your friends or relatives work here? Yes No

Are you on lay-off and subject to recall? Yes No

Driver's License Yes No

Commercial Driver's License Yes No Class Endorsement

Driver's License Number State

Expiration Date

Do you have any physical, mental or medical impairment or disability which might limit your ability to perform job-related duties? Yes No

If yes, please explain

Are you a Veteran? Yes No Serial No.

If yes, what branch of military service? Rank

Have you ever been convicted of a felony? Yes No

If yes, please explain

Have you ever been arrested? Yes No If yes, explain

If yes, please explain

EMPLOYMENT HISTORY

List below present and past employers, beginning with your most recent

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								

If you need additional space, please continue on next page.

I hereby give permission to contact the employers listed above concerning my work experience.

Signed _____

EMPLOYMENT HISTORY

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								

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	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								

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

I hereby give permission to contact the employers listed above concerning my work experience.

Signed _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
Elementary			5 6 7 8		
High			1 2 3 4		
College			1 2 3 4		
Other (Specify)			1 2 3 4		

Are there any other job related experiences, skills or qualifications which will be of special benefit in the job for which you are applying? _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes No

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes No

If yes, what is the best time to call? _____

What is your business telephone number? _____

AGREEMENT

I certify that answers given within are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or person in connection with my application.

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 Borough of South River.

In consideration of my employment, I agree my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the Borough of South River or myself.

I also understand that a valid New Jersey Driver's License is a condition of employment with the Borough of South River. Loss of driving privileges can result in termination of employment.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Applicant Evaluation

General Information

Candidate: _____ Date: _____

Position Applied for: _____

Department: _____

Interviewer: _____

Hiring Recommendation

Hire

Not Hire

Candidate Evaluation

	Poor	Fair	Satisfactory	Good	Excellent
Knowledge of Specific Job Skills	<input type="checkbox"/>				
Related Job Experience	<input type="checkbox"/>				
Related Education or Training	<input type="checkbox"/>				
Initiative	<input type="checkbox"/>				
Communication/Listening Skills	<input type="checkbox"/>				
Attitude	<input type="checkbox"/>				
Interest in Company/Position	<input type="checkbox"/>				

Strengths:

Weaknesses:

Additional Comments:



Borough of South River
Middlesex County, New Jersey

DEPARTMENT OF EXECUTIVE
OFFICE OF THE BOROUGH ADMINISTRATOR

48 WASHINGTON STREET
SOUTH RIVER NJ 08882-1216

OFFICE: 732-257-1999, EXT. 306
FACSIMILE: 732-613-3081

RELEASE AUTHORIZATION

I, _____ have authorized the South River Police Department to conduct a background investigation. Therefore, you are hereby authorized to release any and all information pertaining to my criminal history and motor vehicle driving record as requested by any appropriate employee, agent or representative of the South River Police Department.

This authorization shall supersede and countermand any prior request of authorization to the contrary.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me on this:

_____ day of _____ 20__

NOTARY SEAL

Notary Public
State of New Jersey

My Commission Expires on: _____