

Employment Application

The Township of East Greenwich 159 Democrat Road Mickleton, NJ 08056 856-423-0654 An Equal-Opportunity Employer			Position applied for Other names under which you have worked		
Last name	First name	Middle Initial	Social Security Number		
Address			Phone Number (home/Cell)		
Town, State, Zip			Phone (Work)		
Use the bottom to explain any "YES" answer to a question with an asterisk (*)			YES	NO	
1. Can you submit proof of your US citizenship or your legal right to work in the United States?					
2. Do you have any relatives who work for Est Greenwich Township? *					
3. Are you related to any member of the East Greenwich Township Committee? *					
4. Have you been sentenced or placed on probation because you were convicted of a felony, misdemeanor, or court martial since your 18 th birthday? * (A "YES" answer does not necessarily disqualify you from employment. A "YES" answer will be evaluated on the basis of the job you apply for.)					
Use this space to explain any "YES" answers to questions with an asterisk (*). Use additional paper, if needed.					

Instructions:

- Complete all parts of this application. Incomplete applications will not be accepted.
- You may submit supplemental material such as a resume, but you **MUST** provide all information on this form, including information about places and dates of employment.
- **Begin with your current or most recent position**, and go back at least ten years. Show all employers and explain any gaps in employment. Include all paid and unpaid experience you think qualifies you for this position. Use additional sheets, if needed to show full employment history.

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name		Employer's address (include town, state, Zip)	
Name & Title of immediate supervisor			Supervisor's Phone No.
May we contact supervisor?	YES	LATER	NO
Reason for leaving position			

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name		Employer's address (include town, state, Zip)	
Name & Title of immediate supervisor			Supervisor's Phone No.
May we contact supervisor? YES LATER NO			
Reason for leaving position			
Describe your duties:			

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name		Employer's address (include town, state, Zip)	
Name & Title of immediate supervisor			Supervisor's Phone No.
May we contact supervisor? YES LATER NO			
Reason for leaving position			
Describe your duties:			

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name		Employer's address (include town, state, Zip)	
Name & Title of immediate supervisor			Supervisor's Phone No.
May we contact supervisor? YES LATER NO			
Reason for leaving position			
Describe your duties:			

Education				
Did you graduate from high school:		YES	NO	
		If NO, do you have a GED?		YES
				NO
Colleges or Universities	City, State/Country	Major	Total Credits Earned	Degree received (AA, BS MBA, etc.)
Trade or other special schools	Name of course or training	Completed Satisfactory?		
		Yes	No	
List any licenses or certificates that are related to the position you seek:				
List any of your professional, trade, business, or civic activities that relate to the position you seek. (If you prefer, you do not need to list any activities that might indicate race, color, religion, gender, marital status, national origin, age or disability.)				
Driver's License				
If driving a car or other vehicle is required for this position, do you have a valid NJ driver's license?				YES
				NO
If NO, do you have a license from another US state?		YES	NO	Which state? _____
License restrictions, other than eyeglasses:				
If a Commercial Driver's License is required for this position, do you possess a valid NJ CDL?				YES
				NO
If YES, give # _____		and class of license _____		
License restrictions, other than eyeglasses:				

**Please read the following statements carefully before signing the application.
They affect your legal rights!**

I certify that all information I have provided on this application, and on any supplementary material submitted with this application, is true and correct. I hereby authorize the Township of East Greenwich to investigate the accuracy of this information, contacting any person or

organization as needed. I release the Township of East Greenwich and all persons and organizations from which it seeks information about me from all claims and liability arising out of the Township's investigation, or from supplying information about me.

I acknowledge that the Township may refuse to hire me if it discovers any false statement or incorrect or misleading information on this application or supplementary material. I further acknowledge that the Township may dismiss me immediately if it discovers, after hiring me, that there was any false statement or incorrect or misleading information on this application or supplementary material.

I understand that I must submit proof of US citizenship or the legal right to work in the US if I am hired; I also understand that I may be required to pass a pre-employment drug test, medical examination, and/or other tests relevant to the position I seek.

Applicant's signature: _____ **Date:** _____