

City of Somers Point

1 West New Jersey Avenue
Somers Point, NJ 08244

Date:

Employment Application:

<p>Applicant Information:</p> <p>Name (Last, First, Middle): _____</p> <p>Address: _____</p> <p>City/Town: _____</p> <p>Phone (Work): _____ (Home): _____</p> <p>Social Security Number: _____</p>

Position applied for: _____

Have you ever applied to the City before: Yes No If yes, give date: _____

Date you can start: _____ Salary desired: _____

Are you available to work: Full time Part time Shift work Temporary

Are you currently employed: Yes No May we contact you at work: Yes No

May we contact your employer: Yes No

Are you currently on layoff status and subject to recall: Yes No

Do you possess a current driver's license: Yes No

Do you possess a current commercial driver's license: Yes No

Please list any endorsements: _____

If you are under 18 years of age, can you provide proof of eligibility to work: Yes No

Are you legally eligible to work in the United States of America: Yes No

Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

Have you ever plead guilty or been found guilty of a crime; disorderly persons offense; or a municipal ordinance involving moral turpitude: Yes No

Employment is conditional upon the results of the criminal background check. An answer of "Yes" may disqualify you from employment depending upon the circumstances involved. If "Yes", please explain:

Employment History: This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. 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.

<u>Employer:</u>	<u>Address:</u>	<u>Job Title:</u>	
<u>Date Started:</u>	<u>Date Left:</u>	<u>Starting Salary:</u>	<u>Final Salary:</u>
<u>Work Performed:</u>		<u>Reason for Leaving:</u>	
<u>Supervisor's Name & Phone Number:</u>			
<u>May we contact for a reference:</u> ___ Yes ___ No			
<hr/>			
<u>Employer:</u>	<u>Address:</u>	<u>Job Title:</u>	
<u>Date Started:</u>	<u>Date Left:</u>	<u>Starting Salary:</u>	<u>Final Salary:</u>
<u>Work Performed:</u>		<u>Reason for Leaving:</u>	
<u>Supervisor's Name & Phone Number:</u>			
<u>May we contact for a reference:</u> ___ Yes ___ No			
<hr/>			
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<u>Work Performed:</u>		<u>Reason for Leaving:</u>	
<u>Supervisor's Name & Phone Number:</u>			
<u>May we contact for a reference:</u> ___ Yes ___ No			
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<u>Employer:</u>	<u>Address:</u>	<u>Job Title:</u>	
<u>Date Started:</u>	<u>Date Left:</u>	<u>Starting Salary:</u>	<u>Final Salary:</u>
<u>Work Performed:</u>		<u>Reason for Leaving:</u>	
<u>Supervisor's Name & Phone Number:</u>			
<u>May we contact for a reference:</u> ___ Yes ___ No			

Comments: _____

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
Elementary:	5 6 7 8	Yes No	N/A
High School:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

Languages: List any foreign languages you know and indicate your level or proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should NOT be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:
1)		
2)		
3)		

Understandings and Agreements:

As an applicant for a position with the City of Somers Point, I understand and agree that I must provide truthful and accurate information in this application. 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 the City later discovers that information on this form was incomplete, untrue, or inaccurate. I give the City of Somers Point the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the City the right to secure additional job-related information about me. I release the City of Somers Point and its representatives from all liability for seeking such information. I understand that the City of Somers Point is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the City will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the City may terminate me at any time in accordance with its established policies and procedures. No representatives of the City may make any assurances to the contrary. I 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.

Applicant's Signature: _____ Date: _____

Conditions of Employment:

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of drugs or controlled substance for which they test positive.
For your application to be considered, you must sign and date below.

Applicant's Signature: _____ Date: _____