

TOWNSHIP OF MIDDLETOWN

1 Kings Highway
Middletown, NJ 07748-2594



Settled in 1664
"Proud of Our Rich Heritage"

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Personnel Department.

General Information

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Home Phone () _____ Alternate Number () _____

Email Address _____ Date of Application ____/____/____

Position or Type of Employment Desired _____

Have you ever been employed here before? ☐ Yes ☐ No

If yes, list position and date _____

Date you are available to start _____ Salary desired _____

If you are below the age of 18, can you provide proof of eligibility to work/permit? ☐ Yes ☐ No

Pursuant to Federal Law, Proof of U.S. Citizenship or immigration status will be required if you are hired.

Do you have a driver's license? Yes _____ No _____ State _____

Do you possess a CDL? ☐ Yes ☐ No If yes, which class? _____ Expiration date _____

If Driving is a requirement of my job, I understand that my drivers credentials will be verified for accuracy. ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No If **yes**, may we contact for a reference? ☐ Yes ☐ No

Interested in:

Part-time ☐
Temporary ☐
Full-time ☐
Seasonal ☐

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Employment History: This section must be completed even if you attach a resume. List your last four employers or volunteer assignments. Begin with the most recent. Include any military service. Explain any gaps in employment in the marked comments section located on the bottom of this page.

Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? ☐ Yes ☐ No
Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? ☐ Yes ☐ No
Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? ☐ Yes ☐ No
Employer:	Date Started:	Nature of work performed/job responsibilities:
Address:		
Job Title:	Date Left:	
Reason for Leaving:		
Supervisor's Name and Phone Number:		May we contact for a reference? ☐ Yes ☐ No

Comments and Special Training: Please list any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position in which you are applying. _____

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Education

SCHOOL	YEARS COMPLETED (CHECK)	GRADUATED (CHECK)	MAJOR FIELDS
High:	1 2 3 4	YES NO	
College:	1 2 3 4	YES NO	
Other:	1 2 3 4	YES NO	

References: List 3 individuals whom we may contact as a reference, not relatives.

NAME & ADDRESS	PHONE NUMBER	YEARS KNOWN

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Middletown Township is true, complete and correct. 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 Middletown Township later discovers that information on this form was incomplete, misrepresented in any respect, untrue or inaccurate.

I give Middletown Township, its representatives or agents the right to investigate the information I have provided and verify the accuracy of all information provided by me in this application; including but not limited to contacting former employers (except where I have indicated they may not be contacted). I give Middletown Township the right to secure and verify job-related, educational and training information that I have provided. I hereby waive any and all rights and claims I may have regarding Middletown Township and its representatives from all liability for seeking such information in the employment process and all other persons, corporations or organizations for furnishing such information.

I understand that Middletown Township is an equal opportunity employer and does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal laws.

I understand that, if employed, I may resign at any time and that Middletown Township may terminate me at any time in accordance with its established policies and procedures. This application does not constitute an agreement or contract for employment and I understand that no representatives of Middletown Township may make any assurances to the contrary.

I also 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.

Please read the Applicant Statement above prior to signing below.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant's Signature _____ Date _____ / _____ / _____

The Township of Middletown is an Equal Opportunity Employer

EEO MANDATORY INFORMATION - TOWNSHIP OF MIDDLETOWN

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In order to comply with EEO mandates it is necessary for the applicant to complete the following request for information. The information sought shall not be used in decisions regarding the hiring of qualified applicants on the basis of race, color, religion, sex, national origin, sexual orientation, age, citizenship, or mental or physical disabilities. However, no application will be considered unless the following information is supplied. Failure to supply will be deemed as an incomplete application.

PLEASE PRINT

Position(s) applied for _____ Date ____/____/____

Referral Source

- ☐ Walk-in ☐ Government Employment Agency ☐ Private Employment Agency
☐ Employee ☐ Relative ☐ School
☐ Advertisement – Source _____ ☐ Other _____

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Telephone () _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

☐ Male ☐ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- ☐ White (not of Hispanic Origin) ☐ Black (not of Hispanic origin) ☐ Hispanic
☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Multiracial (having parents of different races)
THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN.

For Administrative Use Only

Position(s) applied for ☐ Available ☐ Not Available

Other position considered for _____

Hired ☐ Yes ☐ No

Position hired for _____ Date of hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

- ☐ Officials and Managers ☐ Sales Workers ☐ Operatives (semi-skilled)
☐ Professionals ☐ Office and Clerical Workers ☐ Laborers (unskilled)
☐ Technicians ☐ Craft Workers (skilled) ☐ Service Workers

Notes _____

Completed by _____ Date ____/____/____