

**Township of Scotch Plains  
430 Park Avenue  
Scotch Plains, New Jersey 07076**

**EMPLOYMENT APPLICATION**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

1.	Applicant name:	Date:
2.	Present Address:	
3.	Permanent Address (if different from present address):	
4.	Telephone Number:	Social Security Number:
5.	Position Desired:	Date you are available to start:
6.	Do you prefer: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	If part time, hours you are available to work?
7.	Will you work overtime, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
8.	Have you ever worked for the Township of Scotch Plains? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list dates and supervisor:
9.	Are you eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If hired, you will be required to submit proof of your eligibility to work in the United States.</i>	
10.	Are you over the age of eighteen (18)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11.	Do you possess a driver's license that is valid in New Jersey?* <input type="checkbox"/> Yes <input type="checkbox"/> No  Driver's License Number: _____  Do you possess a CDL license in New Jersey?* <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, list endorsements: _____  <i>*Answer this section only if it is a requirement as indicated on the job announcement or description.</i>	

12.	Have you served in the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch? _____ Dates of Service: _____ Condition of Discharge: _____		
13.	<b>EDUCATION</b>		
	High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
	College:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
	Other Training/Education: Other Special Skills:		
14.	<b>WORK EXPERIENCE</b> Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.		
(a)	Employer:		Address:
	Dates of Employment:	Position Held:	Reason for Leaving:
	Supervisor's Name & Title:		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Description of duties:		
(b)	Employer:		Address:
	Dates of Employment:	Position Held:	Reason for Leaving:
	Supervisor's Name & Title:		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Description of duties:		

(c)	Employer:	Address:		
	Dates of Employment:	Position Held:	Reason for Leaving:	
	Supervisor's Name & Title:		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Description of duties:			
15.	<p>Have you ever been fired or asked to resign from a job? If yes, please explain.</p> <hr/> <hr/>			
16.	<p>Use this space to describe any license, certificates, registrations skills, crafts, including machines or equipment operated, or languages you can read/write/or speak, which relates to the position to which you are applying.</p> <p><u>Computer Skills:</u></p> <input type="checkbox"/> Word Processing <input type="checkbox"/> Excel / Spreadsheet <input type="checkbox"/> Powerpoint/Presentation <input type="checkbox"/> Email			
17.	<p><b>REFERENCES</b></p> <p>Please list the names of three business persons known, but not related, to you for at least three years.</p>			
	Name	Title	Business	Telephone
	1. _____			
	2. _____			
	3. _____			

**AUTHORIZATION AND ACKNOWLEDGEMENT**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statement on this application may be grounds for dismissal.

I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from liability for any damage that may result from furnishing this information to you.

I understand that and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice, consistent with applicable law.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_