

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME

DRIVER'S LICENSE # _____

LAST FIRST MIDDLE

PRESENT ADDRESS

STREET CITY STATE ZIP

PERMANENT ADDRESS

STREET CITY STATE ZIP
PHONE NO. ARE YOU 18 YEARS OR OLDER? YES NO

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS MUNICIPALITY BEFORE? WHEN?

REFERRED BY

EDUCATION

NAME AND LOCATION OF SCHOOL NO. OF YEARS ATTENDED DID YOU GRADUATE? SUBJECTS STUDIED

GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OR CORRESPONDENCE SCHOOL

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

OFFICE EQUIPMENT OR MACHINERY YOU CAN OPERATE

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

CONTINUE ON OTHER SIDE

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO	_____	_____	_____	_____
FROM TO	_____	_____	_____	_____
FROM TO	_____	_____	_____	_____

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

IN CASE OF EMERGENCY
NOTIFY

NAME	ADDRESS	PHONE NO.
_____	_____	_____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the municipality's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the municipality's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the municipality.

DATE _____ SIGNATURE _____
DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS:

NEATNESS _____ ABILITY _____

HIRED: YES NO POSITION _____ DEPARTMENT _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED BY _____

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION FOR
THE BOROUGH OF FANWOOD

I, _____, am applying for a position with the Borough and acceptance will place me in a category of persons working with children.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed any false statements will be considered as a cause for dismissal.

I understand and acknowledge that the Borough may, as a condition of employment, administer a personality profile, conduct a verification of my education, previous employment/work history and/or credit history, contact personal references, obtain my motor vehicle records, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency in any State and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under the Borough's employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide the Borough with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copies of these documents are as valid as the original.

I do hereby agree to forever release and discharge the Borough, and its employees and agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

APPLICANT:

Name Typed or Printed

Date

Signature

Address:

Phone #

Date
