



MUNICIPAL COMPLEX • PISCATAWAY, N.J. 08854

TOWNSHIP OF PISCATAWAY

455 Hoes Lane Piscataway, NJ 08854

The Township of Piscataway welcomes all applicants. If you require some form of reasonable accommodation with respect to the application process or with respect to the job itself, please notify the office of the Township Administrator at Town Hall, telephone (732) 562-2301

Position in which you are applying: _____

How did you learn about the position?

Advertisement

Employment Agency

Friend

Relative

Walk-in

Other (Explain) _____

Applicant Information

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City/Town: _____

Phone (Cell): _____ Phone (Work): _____

Email: _____

Social Security Number: _____

Are you legally eligible to work in the United States of America? Yes No
(In accordance with Federal Law, proof of US Citizenship or immigration status will be required if you are hired)

Date you can start: _____ Salary desired: _____

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

May we contact your current employer? Yes No

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

If you are under eighteen years of age, can you provide required proof of eligibility to work? Yes No

Are you available to work: Full Time Part Time Shift Work Temporary

Do you possess a current driver's license? Yes No Number: _____ State: _____

Has it ever been suspended? Yes No Is your driver's license currently valid? Yes No

(Please list any endorsements _____)

Employment History *This section is to be completed even if you attach a resume to your application.* List your last three employers, major assignments within the same company, or volunteer efforts. 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.

Employer 1

Employer: _____ Date Started: _____ Date Left: _____

Address: _____ Job Title: _____

Work performed/responsibilities

Supervisor's name: _____ Phone #: _____ May we contact for a reference Yes No

Reason for Leaving: _____

Employer 2

Employer: _____ Date Started: _____ Date Left: _____

Address: _____ Job Title: _____

Work performed/responsibilities

Supervisor's name: _____ Phone #: _____ May we contact for a reference Yes No

Reason for Leaving: _____

Employer 3

Employer: _____ Date Started: _____ Date Left: _____

Address: _____ Job Title: _____

Work performed/responsibilities

Supervisor's name: _____ Phone #: _____ May we contact for a reference Yes No

Reason for Leaving: _____

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				Graduated?		Major/Field
Elementary	5	6	7	8	Yes	No	
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 of 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.

Reference 1

Name: _____ Phone Number: _____
Address: _____ Years Known: _____

Reference 2

Name: _____ Phone Number: _____
Address: _____ Years Known: _____

Reference 3

Name: _____ Phone Number: _____
Address: _____ Years Known: _____

Understandings and Agreements

As an applicant for the position with the Township of Piscataway, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected in any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Township later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township of Piscataway 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 Township the right to secure additional job-related information about me. I release the Township of Piscataway and its representatives from all liability for seeking such information. I understand that the Township of Piscataway is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township 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 Township may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township 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 involving public safety, public works, and access to confidential information may also 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 the drug or controlled substance for which they test positive. ***For your application to be considered, you must sign and date below.***

Print Name

Applicant's Signature

Date

Voluntary Affirmative Action Information

You are not required to provide this information. Provide it only if you wish.

If you provide information on this page, the page will be filed separately from the job application. The information will be used only for purposes of the township's affirmative action program

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Applicant Information

Name: _____

Address: _____

City/Town: _____

Phone Number: _____

Information regarding status

Gender

Male

Female

Equal Employment Opportunity Identification Groups

White

African-American (Non-Hispanic)

Hispanic

American Indian/Alaskan Native

Asian/Pacific Islander

Other _____

Other Protected groups

Individual with a disability

Vietnam-era veteran (served between 1964 and 1975)

Disabled veteran

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Applicant Hired

Yes

No

Position: _____

Date: _____

Which EEO job classification best describes the position for which the applicant applied?

- | | | |
|---------------------------|--------------------------------|-----------------------------|
| 1. Officials and managers | 4. Sales workers | 7. Operators (semi-skilled) |
| 2. Professionals | 5. Office and clerical workers | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft workers (skilled) | 9. Service workers |

Results of Interview

Interviewer: _____

Date: _____ Time: _____

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