



TOWNSHIP OF HARDING
PO Box 666
New Vernon, New Jersey 07976

EMPLOYMENT APPLICATION

Date _____

Applicant Information

Name _____ (Last, _____ First, _____ Middle)

Address _____

City/Town _____

Phone (Work) () _____ (Home) () _____

Social Security Number _____ - _____ - _____

Position applied for _____

Have you ever applied to the Township 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 current 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 eighteen 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.

The Township of Harding is an Equal Opportunity Employer M/F.

Employment History This section must be completed even if you attach a resume. List your last four employers and major assignments within the same employer. Begin with the most recent. Include any military service and explain any gaps in employment in the space on this form marked Comments, located on the bottom of this page.

Employer	Date started	Date left	Work performed/ responsibilities
Address	Starting Salary		
Job Title	Final Salary		
Reason for leaving			
Supervisor's name and phone number			
May we contact for a reference ___Yes ___No			
Employer	Date started	Date left	Work performed/ responsibilities
Address	Starting Salary		
Job Title	Final Salary		
Reason for leaving			
Supervisor's name and phone number			
May we contact for a reference ___Yes ___No			
Employer	Date started	Date left	Work performed/ responsibilities
Address	Starting Salary		
Job Title	Final Salary		
Reason for leaving			
Supervisor's name and phone number			
May we contact for a reference ___Yes ___No			
Employer	Date started	Date left	Work performed/ responsibilities
Address	Starting Salary		
Job Title	Final Salary		
Reason for leaving			
Supervisor's name and phone number			
May we contact for a reference ___Yes ___No			

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	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.

Name & Address	Phone Number	Years Known

Understandings and Agreements

As an applicant for a position with the Township of Harding, 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 Township later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township of Harding the right to investigate the information I have provided, and to 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 Harding and its representatives from all liability for seeking such information. I understand that the Township of Harding 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 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 he/she can establish a legal basis for the use of the drug or controlled substance for which he/she tests positive. For your application to be considered, you must sign and date below.

Applicant's Signature _____ Date _____

21 BLUE MILL ROAD, POST OFFICE BOX 666
NEW VERNON, NEW JERSEY 07976
TELEPHONE (973) 267-8000

MARIAN & ALLAN P. KIRBY MUNICIPAL BUILDING