

APPLICATION FOR EMPLOYMENT

BOROUGH OF HAWTHORNE

445 Lafayette Avenue
Hawthorne, NJ 07506-2551



APPLICANT INFORMATION

| | | | | | | | | | | | | | |
|---|--|------------------------------------|------------------------------------|------------------------------------|---|--|--|------------------|----------------|------------------------------|-----------------------------|--|--|
| Last Name | | | | First | | | | M.I. | | Date | | | |
| Street Address | | | | | | | | Apartment/Unit # | | | | | |
| City | | | | State | | | | ZIP | | | | | |
| Phone | | | | e-mail Address | | | | | | | | | |
| Date Available | | | | Social Security No. | | | | | Desired Salary | | | | |
| Position Applied for | | | | | | | | | | | | | |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status – <i>Proof of citizenship or immigration status will be required upon employment</i> | | | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| Have you ever worked for the Borough? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | | | | | |
| Have you previously filed an application here | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | | | | | |
| Are you currently on "lay-off" status and subject to recall? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | | | | |
| Are you available to work: | | Full-Time <input type="checkbox"/> | Part-Time <input type="checkbox"/> | Temporary <input type="checkbox"/> | Dates Available ___/___/___ - ___/___/___ | | | | | | | | |
| Do any of your friends or relatives, other than spouse, work here? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | | | | |

EDUCATION

| | | | | | | | | | | | |
|------------------------|---------|-------------------|--|------------------------------|-----------------------------|--------|--|--|--|--|--|
| High School | | | | Address | | | | | | | |
| Circle Years Completed | 1 2 3 4 | Did you graduate? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | |
| College | | | | Address | | | | | | | |
| Circle Years Completed | 1 2 3 4 | Did you graduate? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | |
| Other (Specify) | | | | Address | | | | | | | |
| Circle Years Completed | 1 2 3 4 | Did you graduate? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | |

REFERENCES

Please list three professional references.

| | | | | | | | | | | | |
|-----------|--|--|--|--------------|--|--|--|--|--|--|--|
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |

APPLICANT'S STATEMENT

UNDERSTANDINGS AND AGREEMENTS: As an applicant for a position with the Borough of Hawthorne, 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 Borough of Hawthorne later discovers that information on this form was incomplete, untrue, or inaccurate.

I give the Borough of Hawthorne 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 Borough of Hawthorne the right to secure additional job-related information about me. I release the Borough of Hawthorne and its representatives from all liability for seeking such information. I understand that the Borough of Hawthorne is an equal-opportunity employer and does not discriminate in its hiring practices.

I understand that the Borough 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 Borough may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough of Hawthorne may make any assurances to the contrary.

I understand that any offer of employment may be subject to job-related driver's license abstract check as well as medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. I understand that in accordance with P.L. 70 2011 Chapter 70, "every person holding an office, employment or position" in the State of New Jersey shall have their "principal residence" in the State of New Jersey." Employees hired after September 1, 2011 shall establish residency within one year or shall be deemed unqualified for holding the office, employment or position.

Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

| | | | | |
|-------------------|------------------------------|-----------------------------|--------------------------------|-------------------------|
| Arrange Interview | YES <input type="checkbox"/> | NO <input type="checkbox"/> | HIRED <input type="checkbox"/> | START DATE: ___/___/___ |
|-------------------|------------------------------|-----------------------------|--------------------------------|-------------------------|

Interviewer's Remarks:

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|--|
| |
| |
| |

By:

NAME AND TITLE

DATE