EMPLOYMENT APPLICATION

Township of Monroe
Division of Human Resources
125 Virginia Avenue
Williamstown, NJ 08094
856-728-9800, ext. 205

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, disability or age. The Township of Monroe operates under the New Jersey Administrative Code, Title 4A & 11A. Certain positions require certification through the State Department of personnel. The Township of Monroe is an Equal Opportunity Employer.

Position Applied for:	Date
Last Name First Name Middle Initial	
Address: Number/Street City State Zip Code	
Telephone Number(s) (house phone, cell phone)	
Email Address	
How did you learn about the position? ☐ Advertisement ☐ Friend ☐ Walk-In ☐ Other ☐ Relative ☐ Posting	

If you are under 18 years of age, can you provide proof of your eligibility to work? ☐ Yes ☐ No

Will you authorize us to check your Motor Vehicle Record? ☐ Yes ☐ No

Do you possess a valid driver's license ☐ Yes ☐ No

Do you possess a valid commercial driver's license? ☐ Yes ☐ No If Yes, which Class_____

Are you currently employed? ☐ Yes ☐ No

May we contact your current and/or previous employers? ☐ Yes ☐ No

Are you authorized to work in the United States? ☐ Yes ☐ No

On what date would you be available for work? _____

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

Are you available to work: ☐ Evenings ☐ Weekends ☐ Holidays ☐ Overtime

EDUCATION

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Completed	Graduated (check One)
HIGH SCHOOL				☐ Yes ☐ No
COLLEGE				☐ Yes ☐ No
OTHER				☐ Yes ☐ No

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification	Date Issued	Date expires	Issued by/Location of issuing authority (State or other authority)	License No.

Applicants may be required to provide proof of diploma, degree, transcripts, licenses, and certifications.

Professional, trade, business or civic activities and offices held.

You may **exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

_____

_____

_____

Special Training/Skills/Qualifications: List all job related training or skills you possess.

Example: machinery/equipment, office equipment; such as computer software and/or hardware etc.

_____

_____

_____

EMPLOYMENT History

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

Position Title: _____ Employer: _____ Location: _____ Employer's Telephone No.: (____) _____- _____ Immediate Supervisor's Name: _____	☐ Full-Time ☐ Part- Time ☐ Summer ☐ Temporary

Start Date	End date	Average # hours per week	If supervisory, # of employees you supervised

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

_____

_____

_____

_____

Specific reason for leaving: _____

Position Title: _____ Employer: _____ Location: _____ Employer's Telephone No.: (____) _____- _____ Immediate Supervisor's Name: _____	☐ Full-Time ☐ Part- Time ☐ Summer ☐ Temporary

Start Date	End date	Average # hours per week	If supervisory, # of employees you supervised

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

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_____

Specific reason for leaving: _____

EMPLOYMENT History *continued….*

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

Position Title: _____ Employer: _____ Location: _____ Employer's Telephone No.: (____) _____- _____ Immediate Supervisor's Name: _____	☐ Full-Time ☐ Part- Time ☐ Summer ☐ Temporary

Start Date	End date	Average # hours per week	If supervisory, # of employees you supervised

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

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Specific reason for leaving: _____

Position Title: _____ Employer: _____ Location: _____ Employer's Telephone No.: (____) _____- _____ Immediate Supervisor's Name: _____	☐ Full-Time ☐ Part- Time ☐ Summer ☐ Temporary

Start Date	End date	Average # hours per week	If supervisory, # of employees you supervised

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

_____

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_____

Specific reason for leaving: _____

PLEASE PROVIDE 3 BUSINESS REFERENCES		
1.		
Name	Address	Phone#
2.		
Name	Address	Phone#
3.		
Name	Address	Phone#

PLEASE PROVIDE 3 PERSONAL REFERENCES		
1.		
Name	Address	Phone#
2.		
Name	Address	Phone#
3.		
Name	Address	Phone#

Name: _____

Last **First** **Middle**

I certify that the information supplied by me on this application for employment is true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this employment application, as deemed necessary for the Township of Monroe, to arrive at a decision to offer employment.

In the event of employment, I understand that any false or misleading information given in my application or interview (s) may result in discharge.

I understand, that all employment offers are conditional until the applicant or candidate passes all pre-employment screenings and a criminal history check at the expense of the Township of Monroe and that all phases of the hiring process have been met.

Signature of Applicant **Date**