

Delaware Township - Hunterdon County

Township Committee PO BOX 500/570 Rosemont Ringoes Rd Sergeantsville, NJ 08557

Delaware Township Application for Employment

We are an Equal Opportunity Employer and are committed to excellence through diversity. Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Today's Date:	resume.
Applicant Information:	
Name (Last, First, Middle):	
Address:	
City/Town:	
Phone (Work): () (Home): ()	
Email:	
Position(s) applied for:	
Have you ever applied to the Township before: YesNo If yes, given	ve date
Have you previously worked for another government entity (Municipality, County, YesNo If yes, where?	
Date you can start:	
Are you available to work: Full-time Part-time Shift work Te	mporary
Are you currently employed: YesNo May we contact you at wo	ork: No
May we contact your current employer: YesNo	
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 (CDL):YesNo
Please list any endorsements:
If you are under eighteen years of age, can you provide proof of eligibility to work: YesNo
Are you legally eligible to work in the United States:YesNo
Do you understand that due to the nature of the public services we provide, an exceptional record of attendance courtesy, promptness and dependability is required for all Township employees?No
Why are you interested in employment with Delaware Township?

Employment History: This section must be completed even if you attach a resume. List your last four employers and major duties/assignments for each employer. <u>Begin with the most recent.</u> Include any military service. An explanation of any gap between employment may be inquired. Attach additional sheets if needed to complete responses.

Employer #1:	Date started:	Date left:	Duties/responsibilities:
Address:			
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference:Yes	_No		
Employer #2:	Date started:	Date left:	Duties/responsibilities:
Address:			
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference:Yes	No		
Employer #3:	Date started:	Date left:	Duties/responsibilities:
Address:			
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference:YesNo			
Employer #4:	Date started:	Date left:	Duties/responsibilities:
Address:			
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference:YesNo			

Education: Provide information on your formal schooling and education. Include 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:
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

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?
Performance History:
Have you ever been disciplined or discharged for theft, unauthorized removal of employer property or related offenses? YesNo
If yes, please explain and provide pertinent dates:
Have you ever been disciplined or discharged for violating safety rules?YesNo
If yes, please explain and provide pertinent dates:

	If yes, please explain and provide pertinent dates:
Ha	ve you ever been disciplined or discharged for insubordination?Yes No
	If yes, please explain and provide pertinent dates:
Ha	ve you ever been disciplined or discharged for unsatisfactory performance? Yes No If yes, please explain and provide pertinent dates:
Ha	ve you ever been placed on a performance improvement plan or like performance monitorYesNo
	If yes, please explain and provide pertinent dates:
-	you possess a license or certification, has your license or certification ever been suspended of coked? YesNo
	If yes, please explain and provide pertinent dates:

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should <u>not</u> be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:
Understandings and Agreements: As an applicant for a position with the Township of Delaware, I understand accurate information in this application. I understand that I may be later discovers that information on this form was incomplete, untrue, the right to investigate the information I have provided and to talk indicated they may not be contacted). I give the Township the right to me. I release the Township of Delaware and its representatives from hereby also authorize my present and past employers to furnish the employment. I understand that the Township of Delaware is an equal-opportunity of practices. I understand that the Township will make reasonable accordinate with its established policies and procedures. No repassurances to the contrary. I understand that any offer of employed, I may resign at any time and that the accordance with its established policies and procedures. No repassurances to the contrary. I understand that any offer of employed, I may resign at any time and that the accordance with its established policies and procedures. No repassurances to the contrary. I understand that any offer of employed, I may resign at any time and that the accordance with its established policies and procedures. No repassurances to the contrary. I understand that any offer of employed, I may resign at any time and that the accordance with its established policies and procedures. No repassurances to the contrary. I understand that any offer of employed, I may resign at any time and that the accordance with its established policies and procedures. No repassurances to the contrary. I understand that any offer of employed, I may resign at any time and that the accordance with its established policies and procedures. No repassurances to the contrary. I understand that any offer of employed is accordance with its established policies.	poplication may be rejected be separated from employer or inaccurate. I give the Tax with former employers a secure additional job-relation all liability for seeking the Township with record employer and does not distinguished to make the Township may terminate th	I if any information is ment if the Township Township of Delaware (except where I have ted information about g such information. I ds/information of my criminate in its hiring by the Americans with ate me at any time in aship may make any p job-related medical,
Conditions of Employment: Please be advised that all offers of employment are conditional of background check and drug test. A pre-employment physical may als all job applicants are required to sign a consent form for drug testin accounted for by the legal use of prescription or non-prescription unless they can establish a legal basis for the use of the drug or continuous for your application to be considered, you must sign and date below.	on the applicant passing so be required. Pursuant to ag and if the test results an drugs the applicant shall trolled substance for which	a mandatory criminal o our personnel policy, re positive and are not be ineligible for hire
Applicant's Signature	Date	

This page for (local unit type) use only! Results of Interview

Interviewer:		_	
Date:	Time:		