

# BOROUGH OF KEYPORT

## APPLICATION FOR EMPLOYMENT

*"An Equal Opportunity and ADA Employer"*

Qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, the presence of non-job related medical condition or disability, or any other characteristic protected under Federal, State, or Local Law.

### NAME

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

### CURRENT ADDRESS

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

### HOME PHONE

\_\_\_\_\_

### CELL PHONE

\_\_\_\_\_

### EMAIL ADDRESS

\_\_\_\_\_

*If under the age of 18, please list your age here* \_\_\_\_\_

### POSITION APPLIED FOR:

\_\_\_\_\_

### EMPLOYMENT DESIRED:

Full Time Only    Part Time Only    Full or Part Time

### DAYS/HOURS AVAILABLE TO WORK:

No Preference  
 Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Can you work nights?  Yes    No   When are you available to start? \_\_\_\_\_

Have you previously been employed by the Borough of Keyport? \_\_\_\_\_ If yes, please indicated department, dates of service, and name of manager \_\_\_\_\_

Do you have any relatives who are currently employed by the Borough of Keyport? \_\_\_\_\_ If yes, please indicate name and department of relative: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes    No

*(Proof of US Citizenship or Immigration Status will be required upon employment)*

Do you have a New Jersey Driver's License?  Yes    No    Operator    CDL Class \_\_\_\_\_

Have you had any accidents during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

### MILITARY

Have you ever been in the Armed Forces?  Yes    No

Are you now a member of the National Guard?  Yes    No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

## EDUCATION

Type of School	Name of School	Location/Yrs. Completed	Major/Degree
High School			
College			
Business/Trade			
Professional School			

## PREVIOUS WORK EXPERIENCE

*Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give company/firm name.*

Employer & Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No

Employer & Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No

Employer & Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No

Employer & Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No

Employer & Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No

Use this space below to summarize any additional information to describe your qualifications for the position you are applying for:

**REFERENCES**

Please list two reference other than relatives

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Understanding and Agreements:**

As an applicant for a position with the Borough of Keyport, 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 Keyport later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough of Keyport 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 Keyport the right to secure additional job related information about me. I release the Borough of Keyport and its representatives from all liability for seeking such information. I understand that the Borough of Keyport is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough of Keyport will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time in accordance with its established policies and procedures. No representatives of the Borough of Keyport may make any assurances to the contrary. I understand that any offer of employment may be subjected to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_