

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: _____

**PRE-EMPLOYMENT BACKGROUND INVESTIGATION INFORMATION
RELEASE OF INFORMATION**

I _____ here by authorize, within three months of the state of this document, the release to the Keyport, Police, department and Keyport Borough of any, and all records which relate to my financial background experience and qualifications for the position of _____, and which reflect upon my merit and fitness for public service, including but not limited to financial, personnel, including internal affairs reports, employment, educational, selective service, military, and arrest records, and any other documents of internal CAD system reports from surrounding towns.

In addition, I also agree to release any, and all persons and legal entities from any, and all liability arising out of the release of records described here in to the parties specified hearing.

I am aware that this instrument maybe photocopies it's used in here by acknowledge of validity of my signature on such duplicated copy, and in addition that I may revoke suck authorization at any time before the records are disclosed.

You must complete the below request for criminal History Records by going to the below link. ORI: NJ0132200

<https://www.njportal/NJSP/CriminalRecords/>

_____	_____
_____	_____
_____	_____

STATE OF NEW JERSEY)SS

COUNTY OF MONMOUTH)

On this _____ day of _____ 20__ before me personally came _____ to me known to be the individual described in and who executed.

The forgoing instrument and acknowledged that he executed.