



# Application For Employment

**Township of North Brunswick**  
710 Hermann Road  
North Brunswick, New Jersey 08902  
732-247-0922

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please complete all parts of the Application. If your Application is incomplete, or does not clearly show the experience and/or training required, your Application may not be accepted. If you have no information to enter in a section, please write "N/A".

*(PLEASE PRINT)*

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Desired Salary \_\_\_\_\_

Last Name:		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s) Home:			Cell:		
Social Security No.					
Email Address					

Do you possess a Driver's License? \_\_\_\_\_yes \_\_\_\_\_no If yes, provide Driver's License No. \_\_\_\_\_

How did You Learn About Us?		
___ Posting	___ Relative	
___ Friend	___ Walk - In	Other _____

Have you ever filed an application with us before? \_\_\_\_\_  
 If yes, give date: \_\_\_\_\_

Have you ever been employed with us before ? \_\_\_\_\_  
 If yes, give date \_\_\_\_\_

Are you currently employed? \_\_\_\_\_Yes \_\_\_\_\_No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? \_\_\_\_\_

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

Are you a Smoker:  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain number of conviction(s), nature of offense(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation

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## Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify) Business or Trade School				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job - related training received in the United States military.

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### Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	<u>Dates Employed</u> From      To		Work Performed
Address			
Telephone Numbers(s)	<u>Hourly Rate/Salary</u> Starting      Final		
Job Title                  Supervisor			
Reason For Leaving			

Employer	<u>Dates Employed</u> From      To		Work Performed
Address			
Telephone Numbers(s)	<u>Hourly Rate/Salary</u> Starting      Final		
Job Title                  Supervisor			
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Employer	<u>Dates Employed</u> From      To		Work Performed
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Telephone Numbers(s)	<u>Hourly Rate/Salary</u> Starting      Final		
Job Title                  Supervisor			
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

List 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:*

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## Additional Information

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### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### **Specialized Skills**

### **Check Skills / Equipment Operated**

<b>Specialized Skills</b>	<b>Check Skills / Equipment Operated</b>		
<input type="checkbox"/> Fax	<input type="checkbox"/> Access	Production / Mobile	Other (List)
<input type="checkbox"/> PC	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PowerPoint	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word	_____	_____
		_____	_____

State any additional information you feel may be helpful to us considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIRMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

\_\_\_ Yes      \_\_\_ No

**References**

1) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Address) Phone #  
Company Name, Address, Phone no. \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Address) Phone #  
Company Name, Address, Phone no. \_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Address) Phone #  
Company Name, Address, Phone no. \_\_\_\_\_  
\_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For is Open:      \_\_\_ Yes      \_\_\_ No

Position(s) Considered For : \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**NOTES:**

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**Applicant's Statement**

