



TOWNSHIP OF HAMILTON

An Equal Opportunity Employer

Application for Employment

Employees of Hamilton Township and all applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by asking the Division of Human Resources.

PERSONAL

1. Position applied for _____ 2. Department _____

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

3. Social Security No. _____

4. Full Legal Name _____ 6. Home Phone (_____) _____
Last First Middle

5. Address _____ 7. Business Phone (_____) _____

_____ 8. Email Address _____
City State Zip

EDUCATION

9. a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____

b. If you did not complete high school, do you have a high school equivalency diploma? Yes No Date Received _____

Name and Location of Institution	Hrs	Degree Received	Major / Specialty	Minor	Date Attended
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1. _____

2. _____

3. _____

EXPERIENCE

10. Please use attachments if necessary. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

May we contact your present supervisor? ___ Yes ___ No

a. Job Title _____ Duties _____

Employer _____

Address _____

Phone _____

Type of Business _____

Immediate Supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment/Software used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Hrs/week _____ Your name if different from present _____

EXPERIENCE cont.

b. Job Title _____ Duties _____
 Employer _____
 Address _____

 Phone _____
 Type of Business _____
 Immediate Supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment/Software used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hrs/week _____ Your name if different from present _____

c. Job Title _____ Duties _____
 Employer _____
 Address _____

 Phone _____
 Type of Business _____
 Immediate Supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment/Software used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hrs/week _____ Your name if different from present _____

d. Job Title _____ Duties _____
 Employer _____
 Address _____

 Phone _____
 Type of Business _____
 Immediate Supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment/Software used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hrs/week _____ Your name if different from present _____

e. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills _____

f. License (to include driver's and C.D.L.), certificate or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (Licensing Board)
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

11. List names, addresses, telephone and relationship of three (3) persons not related to you who know your qualifications.

Name

Address

Telephone

Relationship

1. _____

2. _____

3. _____

MISCELLANEOUS

12. a. Are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof including the National Guard? YES NO
(Please note the New Jersey Department of Personnel may grant certain preferences to applicants with veteran status).

b. For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? YES NO. Under the Immigration Reform and Control Act of 1986, you will be required to fill out certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

c. Are you willing to provide your own transportation if necessary for your employment? YES NO.

d. Can you perform all the essential functions of this job either with or without reasonable accommodations? YES NO

e. Can you meet all the attendance requirements of the job? YES NO.

13. When will you be available to start work? (No date necessary if you are available as soon as you give two (2) weeks' notice).

CERTIFICATION

14. I certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part, employment with the Township of Hamilton. I understand that all information on this application is subject to verification and references and former employers may be contacted. The Township of Hamilton may rely upon any information received by these contacts.

I consent to a physical examination designated by the Township of Hamilton. I agree to any future medical examinations that Hamilton Township may require. I agree to follow all Hamilton Township rules and regulations.

Applicants Signature _____ Date _____