

Township of Piscataway

455 Hoes Lane Piscataway, NJ 08854

The Township of Piscataway welcomes all applicants. If you require some form of reasonable accommodation with respect to the application process or with respect to the job itself, please notify the office of the Township Administrator at Town Hall, telephone 732-562-2301.

Position for which you are applying: _____

How did you learn about the position? Advertisement ___ Employment Agency ___ Friend ___

Relative ___ Walk-in ___

Other (Explain) _____

Applicant Information

Name (Last, First, Middle) _____

Address _____

City/Town _____

Phone (Work) () _____ (Home) () _____

Social Security # _____ - _____ - _____

Are you legally eligible to work in the United States of America? ___ Yes ___ No
(in accordance with Federal Law, proof of US Citizenship or immigration status will be required if you are hired)

Date you can start _____ Salary desired _____

Are you currently employed? Yes ___ No ___ May we contact you at work?
Yes ___ No ___

May we contact your current employer? ___ Yes ___ No

Have you ever applied to the Township before? ___ Yes ___ No If yes, give date _____

If you are under eighteen years of age, can you provide required proof of eligibility to work? ___ Yes ___ No

Are you available to work: ___ Full time ___ Part time ___ Shift work ___ Temporary

Are you currently on layoff status and subject to recall? ___ Yes ___ No

Do you possess a current driver's license? ___ Yes ___ No Number _____
(Please list any endorsements _____)

Do you possess a current commercial driver's license? ___ Yes ___ No Is it currently valid ___ Yes ___ No
Has it ever been suspended? ___ Yes ___ No
(Please list any endorsements _____)

Employment History

This section to be completed even if you attach a resume to your application.
List your last four employers, major assignments within the same company, or volunteer efforts. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked COMMENTS located on the BOTTOM of this page.

Employer	Date started	Date left	Work performed/responsibilities
Address	Starting Salary		
Job Title	Final Salary		

Reason for leaving

Supervisor's name and phone #

May we contact for a reference?

____ Yes ____ No

Employer	Date started	Date left	Work performed/responsibilities
Address	Starting Salary		
Job Title	Final Salary		

Reason for leaving

Employer

Date started

Date left

Work performed/responsibilities

Address

Starting Salary

Job Title

Final Salary

Reason for leaving

Supervisor's name and phone #

May we contact for a reference?

____ Yes ____ No

Employer	Date started	Date left	Work performed/responsibilities
Address	Starting Salary		
Job Title	Final Salary		

Reason for leaving

Supervisor's name and phone #

May we contact for a reference?

____ Yes ____ No

COMMENTS:

Education Provide information on your formal schooling and education. Include elementary, 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 (please circle)	Graduated?	Major Field
Elementary	5 6 7 8	YES NO	XXXXXXXXXXXXXXXXXX
High	1 2 3 4	YES NO	
College	1 2 3 4	YES NO	
Other	1 2 3 4	YES NO	

Languages List any foreign languages you know and indicate your level of proficiency.

Language	Speak some	Speak Fluently	Read	Write

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?

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

Name & Address	Phone #	Years Known

Understandings and agreements

As an applicant for a position with the Township of Piscataway, 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 Township later discovers that information on this form was incomplete, untrue, or inaccurate.

I give the Township of Piscataway 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 Township the right to secure additional job-related information about me. I release the Township of Piscataway and its representatives from all liability for seeking such information.

I understand that the Township of Piscataway is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township will make reasonable accommodations as required by the Americans with Disabilities Act.

I understand that, if employed, I may resign at any time and that the Township may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township may make any assurances to the contrary.

I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions involving public safety, public works, and access to confidential information may also involve complete background and criminal checks.

Applicant's Signature _____ Date _____

Conditions of employment

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required.

Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive.

For your application to be considered, you must sign and date below.

Print Name

Applicant's Signature

Date

Voluntary affirmative action information

You are not required to provide this information. Provide it only if you wish.

If you provide information on this page, the page will be filed separately from the job application. The information will be used only for purposes of the township's affirmative action program

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Other (Explain)_____

Applicant information

Name_____

Address_____

City/town_____

Phone ()_____

Information regarding status

Gender

____ Male

____ Female

Equal Employment Opportunity identification groups

____ White

____ African-American (non-Hispanic)

____ Hispanic

____ American Indian/Alaskan native

____ Asian/Pacific Islander

____ Other_____

Other protected Groups

____ Individual with a disability

____ Vietnam-era veteran (served between 1964 and 1975)

____ Disabled veteran

For Township use only

Hired Yes No Position _____ Date _____

Which EEO job classification best describes the position for which the applicant applied?

- | | | |
|---------------------------|--------------------------------|-----------------------------|
| 1. Officials and managers | 4. Sales workers | 7. Operators(semi-skilled) |
| 2. Professionals | 5. Office and clerical workers | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft workers (skilled) | 9. Service workers |

Township Official_____ Date _____

This page for Township use only!
Results of interview

Interviewer: _____

Date: _____ Time: _____