



Borough of Spotswood

77 Summerhill Road, Spotswood, NJ 08884

Phone: 732-251-0700 Fax: 732-251-1359

www.spotswoodboro.com

APPLICATION FOR EMPLOYMENT

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.

PLEASE PRINT

Name and Address			
First Name:	MI:	Last Name:	
Mailing Address:			
City, State, and Zip Code:			
Phone (home):		Phone (cell):	
Email:		Date:	
Job Type			
Position applying for:			
Date you can start:		Salary Desired:	
Are you available to work	Full-time	Part-time	Seasonal
Additional Information			
Have you ever been employed by the Borough in the past?	YES	NO	
Are you legally eligible for employment in this country? Proof of U.S. Citizenship or Immigration status will be required upon employment.	YES	NO	
If you are under the age of 18, can you furnish a work permit?	YES	NO	
Are you currently on a 'lay-off' status and subject to recall?	YES	NO	
Do you have a valid N.J. Driver's License?	YES	NO	
Do you have a CDL License?	YES	NO	
Are you related to any Spotswood Borough employees?	YES	NO	
If yes, who?	Relationship:		

Education

School Name	Location (mailing address)	Years Completed	Major	Degree of diploma received
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High School

				YES	NO
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College or Business / Trade School

				YES	NO
				YES	NO
				YES	NO
				YES	NO

Military

Have you ever been in the Armed Forces?	YES	NO	Date Entered:
Are you now a member of the National Guard?	YES	NO	Discharge Date:
Specialty			

If you are attaching a resume, you may skip the "Work Experience" section

Please list **ALL** work experience, beginning with your most recent job held. Attach additional sheets, if necessary.

Work Experience		
Company:	Name of your last supervisor:	Hours/week worked:
Address:		
City, State, and Zip Code:		
Phone:	Your last job title:	
Start date:	End date:	
Reason for leaving (please be specific):		

May we contact this employer?

Yes

No

Work Experience		
Company:	Name of your last supervisor:	Hours/week worked:
Address:		
City, State, and Zip Code:		
Phone:	Your last job title:	
Start date:	End date:	
Reason for leaving (please be specific):		

May we contact this employer?

Yes

No

Work Experience		
Company:	Name of your last supervisor:	Hours/week worked:
Address:		
City, State, and Zip Code:		
Phone:	Your last job title:	
Start date:	End date:	
Reason for leaving (please be specific):		

May we contact this employer?

Yes

No

References

Please include the name, phone number, and circumstances of your acquaintance. Exclude relatives.

1.

2.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for my employment as may be necessary in arriving at an employment decision. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand that my employment may be contingent upon a satisfactory physical exam which may include a drug screening and successful completion of the probation experience.

In consideration of my employment, I agree that my employment and compensation could be terminated with or without notice at any time, at the option of either the employer or myself. It is expressly understood that my employment with the Borough of Spotswood is at will.

Date: _____ Signature: _____

Should you have any questions, please contact the Administration Office at (732) 416-1824.

FOR BOROUGH USE ONLY

Reviewed by: