Borough of Longport
2305 Atlantic Avenue
Longport, NJ 08403

Date:_____

Employment Application

Applicant Information:

Name (Last, First, Middle):
_____

Address:
_____

City/Town:
_____

Phone (Work):( )_____ (Home): ( )_____
Social Security Number: _____ - ____ -_____

Position applied for: _____

Have you ever applied to the Borough before: ____ Yes ____No If yes, give date_____
Date you can start: _____
Salary desired: _____

Are you available to work: ____ Full time____ Part time____ Shift work ____ Temporary
Are you currently employed: ____Yes ____No May we contact you at work: ____Yes ____No

May we contact your current employer: ____ Yes ____No

Are you currently on layoff status and subject to recall: ____Yes ____No
Do you possess a current driver's license: ____Yes ____ No
Do you possess a current commercial driver's license: _____ Yes _____ No

Please list any endorsements:

_____

If you are under eighteen years of age, can you provide proof of eligibility to work: ___ Yes ___No

Are you legally eligible to work in the United States of America: ____Yes ____ No
Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

Have you ever plead guilty or been found guilty of a crime; disorderly persons offense; or a municipal ordinance involving moral turpitude: ____ Yes ____ No

Employment is conditional upon the results of the criminal background check. An answer of "Yes" may disqualify you from employment depending upon the circumstances involved. If "Yes", please explain below.

_____

_____

The Borough of Longport is an Equal Opportunity Employer

Employment History: **This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. 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: Address:	Date started: Date left:	Work performed/ responsibilities:
Job Title:	Starting Salary: Final Salary:	
Reason for leaving:		
Supervisor's name and phone number: May we contact for a reference: ___Yes ___No		
Employer: Address:	Date started: Date left:	Work performed/ responsibilities:
Job Title:	Starting Salary: Final Salary:	
Reason for leaving:		
Supervisor's name and phone number: May we contact for a reference: ___Yes ___No		
Employer: Address:	Date started: Date left:	Work performed/ responsibilities:
Job Title:	Starting Salary: Final Salary:	
Reason for leaving:		
Supervisor's name and phone number: May we contact for a reference: ___Yes ___No		
Employer: Address:	Date started: Date left:	Work performed/ responsibilities:
Job Title:	Starting Salary: Final Salary:	
Reason for leaving:		
Supervisor's name and phone number: 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: (Circle)	Graduated: (Circle)	Major Field:
Elementary:	5 6 7 8	Yes No	N/A
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 Number:	Years Known:

Understandings and Agreements:

As an applicant for a position with the Borough of Longport, 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 later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough of Longport 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 the right to secure additional job-related information about me. I release the Borough of Longport and its representatives from all liability for seeking such information. I understand that the Borough of Longport is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough 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 Borough may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough 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 may 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.***

Applicant's Signature _____ **Date** _____

BOROUGH OF LONGPORT
Voluntary Affirmative Action Information

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

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

Applicant Information:

Name:

_____

Address:

_____

City/town:

_____

Phone: ( ) _____

Position Applied For: _____

How did you learn about this position? __Advertisement__Employment Agency __Friend__Relative__Walk-in__Other(Explain)_____

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 Borough 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

Borough Official_____ **Date**_____

This page for Borough use only!
Results of interview

Interviewer: _____

Date: _____ **Time:** _____