



**TOWNSHIP OF EAST BRUNSWICK**

PO BOX 1081

1 JEAN WALLING CIVIC CENTER

EAST BRUNSWICK NJ 08816

PHONE: 732-390-6817

FAX: 732-390-3244

"An Equal Opportunity and ADA Employer"

PLEASE PRINT ALL  
INFORMATION  
REQUESTED EXCEPT  
SIGNATURE

**APPLICATION FOR EMPLOYMENT**

PLEASE COMPLETE PAGES 1-4. DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

**Position applied for** (1) \_\_\_\_\_ Days/hours available to work  
 (2) \_\_\_\_\_  
 (Be specific)

No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work? \_\_\_\_\_

Are you currently employed by Township of East Brunswick?	If yes, position title, and department:
Do you have any relatives who are currently employed at Township of East Brunswick?	If yes, indicate name and department of relative:
Have you previously been employed at Township of East Brunswick?	If yes, indicate department, dates and name of manager:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, please explain. \_\_\_\_\_

**Are you currently authorized to work in the United States?**       YES       NO

DO YOU HAVE A NEW JERSEY DRIVER'S LICENSE?       Yes     No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_       Operator     Commercial (CDL)     Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?      How many? \_\_\_\_\_  
Have you had any moving violations during the past three years?      How Many? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone ( ) _____	Telephone ( ) _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past four years beginning with your most recent job held.**  
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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	Your last job title		

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer	Name of last supervisor	Employment dates	Pay or salary
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Address City, State, Zip Code Phone number	supervisor		
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Township of East Brunswick creates an actual or implied contract of employment. I understand that, if I accept employment with Township of East Brunswick, it will be on an at-will basis. This means that either Township of East Brunswick or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I authorize Township of East Brunswick to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Township of East Brunswick and its employees from all liability arising from such investigation.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Voluntary Demographic Data**

The voluntary information requested below is used to assist us in our compliance with Federal/State Equal Employment Opportunity record keeping and reporting. Your response is voluntary and will not be used in any way to determine your eligibility for employment.

**Voluntary Demographic Data**

Circle one:

**Gender:**            Female                    Male                    Not Disclosed

**Race:**            Asian / Pacific Islander  
Black  
Native American / Alaskan Native  
Hispanic  
White  
Not Disclose