

Application For Employment – City of Linden



City of Linden
NEW JERSEY

Community. Diversity. Progress.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:					
How Did You Learn About Us?							
Internet	<input type="checkbox"/>	Friend/Relative	<input type="checkbox"/>	Walk-In	<input type="checkbox"/>	Employment Agency	<input type="checkbox"/>
Other (Specify) _____							
Last Name:		First Name:		Middle Name:			
Address: (Number)		(Street)	(City)	(State)	(Zip Code)		
Telephone Number(s):			Social Security Number:				

If you are under 18 years of age, can you provide required proof of your eligibility to work/or working papers?

Yes No

Have you ever filed an application with us before?

Yes No

If yes, give date: _____

Have you ever been employed with us before?

Yes No

If yes, give date: _____

Have you ever worked for a public/government employer?

Yes No

If yes, identify the name of the employer, dates worked, type of separation of service:

Are you or have you ever been a member of any public employee's retirement system?

Yes No

If yes, indicate name and membership number: _____

Are you a veteran?

Yes No

If yes, have you established veteran's preference with the New Jersey Civil Service Commission?

Yes No

Are you engaged in any business activity or employment which you plan to continue if employed by the City?

Yes No

If yes, your outside employment may be subject to further review regarding conflicts of interest. Please identify/explain:

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

Are you currently employed?

Yes No

On what date would you be available for work?

Work availability:

Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Do you have any relatives who work for the City or are currently elected officials?

Yes No

If yes, please name the individuals:

Education

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write, including sign language, that you are willing and proficient enough to communicate on the job:

List any specialized training, apprenticeships, job-related skills, extra-curricular activities, qualifications, certifications, and licenses (CDL, Trade, Military, etc.) acquired from employment or other experience:

List membership to any professional, trade, business or civic organizations, and any offices held:

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status)

Specialized Skills

Other Computer Programs

Specialized Equipment/Machinery

Word

Excel

Power Point

Billing System

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.
You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.	Employer:		Dates Employed		Work Performed:
			From:	To:	
	Address:				
	Telephone Number(s):				
	Job Title:	Supervisor:			
Reason for Leaving:					
2.	Employer:		Dates Employed		Work Performed:
			From:	To:	
	Address:				
	Telephone Number(s):				
	Job Title:	Supervisor:			
Reason for Leaving:					
3.	Employer:		Dates Employed		Work Performed:
			From:	To:	
	Address:				
	Telephone Number(s):				
	Job Title:	Supervisor:			
Reason for Leaving:					

References

1.	Name:	Phone Number:
	Address:	E-Mail:
2.	Name:	Phone Number:
	Address:	E-Mail:
3.	Name:	Phone Number:
	Address:	E-Mail:

(If you need additional space, please continue on a separate sheet of paper.)

Applicant's Statement

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

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 employment as may be necessary in arriving at an employment decision, including the release of my personnel records from other employers, but excluding medical records unless I authorize a HIPAA release form.

This application for employment shall be considered active for a period of time not to exceed 45 days, unless otherwise required by state statute or if regulation requires it to remain open for a longer duration. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge from your employment with the City at the time of the City's discovery of the false or misleading information.

I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position Applied For Is Open: Yes No

Arrange Interview: Yes No

Remarks: _____

Interviewer

Date

Employed: Yes No

Date of Employment: _____ Hourly Rate/Salary: _____

Job Title: _____ Department: _____

By: _____

Name & Title

Date

