

### PERSONAL INFORMATION:

NAME: First			Middle			Last								
ADDRESS: Street			City			County			State			Zip Code		
TELEPHONE NUMBER:						LIST OTHER VEHICULAR LICENSES YOU NOW HOLD:								
ARE YOU ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO Proof of U.S. citizenship or immigration status will be required upon employment.						MILITARY SERVICE (Branch and Dates Served):								
IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO														

### EMPLOYMENT DESIRED:

POSITION:	SALARY DESIRED:	DATE AVAILABLE:
HAVE YOU EVER BEEN EMPLOYED BY <input type="checkbox"/> OR APPLIED TO <input type="checkbox"/> TOWNSHIP OF WAYNE BEFORE? IF SO, WHEN?		

### EDUCATION:

CIRCLE HIGHEST GRADE COMPLETED:															
GRADE SCHOOL: 1 2 3 4 5 6 7 8								HIGH SCHOOL: 9 10 11 12				COLLEGE: 1 2 3 4			
LIST ANY TRADE SCHOOLS, COLLEGES, UNIVERSITIES, AND GRADUATE SCHOOLS YOU HAVE ATTENDED. INCLUDE ANY APPRENTICESHIPS.															
NAME OF SCHOOL				MAJOR			GRADUATED			DEGREE/LICENSE					

### SPECIAL SKILLS:

SUMMARIZE SPECIAL JOB RELATED SKILLS AND QUALIFICATIONS THAT MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION.
LIST TITLE AND LICENSE NUMBER OF ANY N.J. STATE PROFESSIONAL LICENSES YOU NOW HOLD:

**EMPLOYMENT EXPERIENCE:**May we contact your present Employer?  YES  NO

PRESENT or MOST RECENT EMPLOYER
From: Mo. ___ Yr. ___ To: Mo. ___ Yr. ___
Name: _____
Address: _____ _____
Telephone: _____
Position: _____
Reason for Leaving: _____ _____ _____

PAST EMPLOYER
From: Mo. ___ Yr. ___ To: Mo. ___ Yr. ___
Name: _____
Address: _____ _____
Telephone: _____
Position: _____
Reason for Leaving: _____ _____ _____

PAST EMPLOYER
From: Mo. ___ Yr. ___ To: Mo. ___ Yr. ___
Name: _____
Address: _____ _____
Telephone: _____
Position: _____
Reason for Leaving: _____ _____ _____

**REFERENCES:**

GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU  
AND ARE NOT FORMER EMPLOYEES.

NAME	ADDRESS	TELEPHONE

# VOLUNTARY AFFIRMATIVE ACTION INFORMATION

## Applicant Data Form

Wayne Township takes pride in being an equal opportunity employer. As such, we are required to maintain certain applicant information in accordance with government regulations. Our employment decisions are made without regard to race, color, religion, sex, national origin, age, disability or veteran status.

To comply with Wayne Township's Affirmative Action record keeping and reporting obligations, we ask your cooperation in completing this "Applicant Data Form." **You may be assured that the form will be kept separate from your employment application and that your employment opportunity with Wayne Township will depend solely on your qualifications.**

Completion of this form is optional on your part, but your cooperation in providing this information will be greatly appreciated.

I prefer not to provide this information.

Applicant's Name: \_\_\_\_\_  
*FIRST MIDDLE LAST*

Address: \_\_\_\_\_  
*STREET CITY COUNTY STATE ZIP CODE*

Telephone: \_\_\_\_\_ Application Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### ETHNIC / SEX CATEGORY

M		F
<input type="checkbox"/>	HISPANIC	<input type="checkbox"/>
M		F
<input type="checkbox"/>	BLACK	<input type="checkbox"/>
M		F
<input type="checkbox"/>	AMERICAN INDIAN ALASKAN NATIVE	<input type="checkbox"/>
M		F
<input type="checkbox"/>	ASIAN / PACIFIC ISLANDER	<input type="checkbox"/>
M		F
<input type="checkbox"/>	WHITE	<input type="checkbox"/>

### WHAT INFLUENCED YOU TO APPLY FOR EMPLOYMENT WITH WAYNE TOWNSHIP

<input type="checkbox"/>	WALK IN
<input type="checkbox"/>	REFERRAL _____
<input type="checkbox"/>	ADVERTISEMENT _____ <i>NEWS PAPER</i>
<input type="checkbox"/>	AGENCY _____ <i>SPECIFY</i>
<input type="checkbox"/>	OTHER _____ <i>SPECIFY</i>