

township of wayne

475 Valley Road, Wayne, N.J. 07470 - Telephone (973) 694-1800

Application for Employment

PERSONAL INFORMATION:

NAME: First		Middle	Last	Social Security Number
ADDRESS: Street		City	State	Zip Code
DRIVERS LICENSE: #	LIST OTHER VEHICULAR LICENSES YOU NOW HOLD.		Home Phone Number	
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: (Give 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: / / 20
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 EMPLOYERS**.

NAME	ADDRESS	TELEPHONE

PRE-EMPLOYMENT STATEMENT:

I hereby certify that the foregoing statements made by me are true and complete and authorize the investigation by the Township of Wayne as to their accuracy and completeness. I understand that the misrepresentation or omission of any facts will subject me to disqualification from employment and / or dismissal.

As a condition of employment, I consent to a medical examination by a physician designated by the Township of Wayne. I understand that said medical examination may include both drug and alcohol testing and that any offer of employment by the Township is contingent upon satisfactory results of the medical examination. I agree to resubmit to any future examinations as required and further agree to comply with all Township work, health, safety and general rules and regulations. All successful applicants for employment shall be fingerprinted and photographed, in accordance with Chapter 4, Article XX, section 4-68(c) of the Code of the Township of Wayne.

I authorize the release from all courts, probation departments, employers, present and former and other institutions and agencies without exception, any and all information, documentary or otherwise pertaining to me, that may be requested by the Township of Wayne or its representatives. A photostatic copy of this authorization will be considered as effective and valid as the original.

Wayne Township is an Equal Opportunity Employer and no question on this application is used to limit or exempt any applicant from consideration for employment on a basis prohibited by applicable laws.

IMPORTANT!! This application for employment will be considered incomplete if it has not been signed and dated.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE.

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.

Applicants Name: _____
FIRST
MIDDLE
LAST

Address: _____
STREET
CITY
COUNTY
STATE
ZIP CODE

I prefer not to provide this information.

Telephone: _____

Application Date: _____
MONTH
DAY
YEAR

Position Applied For: _____

ETHNIC / SEX CATEGORY

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

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

- WALK IN
- REFERRAL
- ADVERTISEMENT _____
NEWSPAPER
- AGENCY _____
SPECIFY
- OTHER _____
SPECIFY

For Division of Personnel use only

POSITION APPLIED FOR _____ AVAILABLE NOT AVAILABLE

Additional positions considered for: _____

HIRED: YES NO DATE OF HIRE: ____ / ____ / ____

POSITION: _____

EEO CATEGORY
1. Official Administration
2. Professional
3. Technical
4. Protective Service
5. Para Professional
6. Administrative Support
7. Skilled Craft
8. Service Maintenance

REMARKS: _____

COMPLETED BY: _____ DATE: ____ / ____ / ____