

# Application For Employment



Readington Township  
509 Route 523  
Whitehouse Station, NJ 08889

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application
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How Did You Learn About Us?

Advertisement       Friend       Walk-In  
 Employment Agency       Relative       Other

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? Yes    No

Have you ever filed an application with us before? If Yes, give date Yes    No

Have you ever been employed with us before? If Yes, give date Yes    No

Are you currently employed? Yes    No

May we contact your employer? Yes    No

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.*

On what date would you be available for work?

Are you available to work:    Full Time    Part Time    Shift Work    Temporary

Are you currently on "lay-off" status and subject to recall? Yes    No

Can you travel if a job requires it? Yes    No

Have you been convicted of a felony within the last 7 years? Yes    No  
*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

# Education

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																	
Describe any honors you have received.																	
State any additional information you feel may be helpful to us in considering your application.																	

Indicate any foreign languages you can speak, read and / or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*


## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.	
2.	
3.	

Have you ever had any job-related training in the United States military? Yes      No  
 If yes, please describe

Are you physically or otherwise unable to perform the duties of the job for which you have applied? Yes      No

# 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, handicap or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason for Leaving		Starting	Final	
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason for Leaving		Starting	Final	
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason for Leaving		Starting	Final	
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
Reason for Leaving		Starting	Final	

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

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# Applicant's Statement

I certify that 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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. 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

Arrange Interview    Yes    No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

Employed    Yes    No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE

\_\_\_\_\_  
DATE

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# TOWNSHIP OF READINGTON

WHITEHOUSE STATION, NEW JERSEY 08889

MUNICIPAL BUILDING  
509 ROUTE 523  
WHITEHOUSE STATION, NJ 08889  
PHONE: (908) 534-4051  
FAX: (908) 534-5909



VITA MEKOVETZ, RMC/MMC/RPPO  
ADMINISTRATOR/MUNICIPAL CLERK

## RELEASE AUTHORIZATION

I, \_\_\_\_\_, am making application to the Readington Township Department of Public Works. I understand that my driver's license will be reviewed. I hereby authorize Readington Township Department of Public Works to obtain my driving record.

I have read and fully understand the contents of the "Release Authorization".

Name: \_\_\_\_\_  
(PLEASE PRINT)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Driver's License No: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date