

Township of Mendham

INCORPORATED MARCH 29, 1749

P.O. BOX 520
BROOKSIDE, NEW JERSEY 07926
(973) 543-4555 / FAX (973) 543-6630

APPLICATION FOR EMPLOYMENT

The Township of Mendham considers applicants for all positions without regard to race, creed, color, religion, national origin, civil union status, gender identity or expression, age, marital or political status, disability or handicap, sex or sexual orientation or any other category protected by federal, state or local law or regulation

(Please clearly print or type all information)

Application Date: _____

Name: _____

Position Applied For: _____

Department: _____

A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY.

Instructions for completing this application:

- Resumes can be submitted with the application however all questions on this application must be fully answered. Do not indicate "See Resume" on any part of this application and then leave sections blank. This application requests more information that can be obtained from a resume.
- If a question does not apply, please write N/A
- Please indicate the specific position for which you are applying. If you are not applying for a specific job opening, please provide some indicator of the type of work for which you are looking (ex. Administrative, management) and/or the department of interest (ex. Clerk, Finance).
- Do not abbreviate the name of your employers or education. Provide complete addresses and telephone numbers for all employers, and references.
- Be sure to sign and date this application.

All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law.

PLEASE NOTE: Due to the large number of applications we receive, only those candidates being considered for an interview will be contacted.

DO NOT WRITE BELOW THIS LINE

RECOMMEND FOR EMPLOYMENT: Yes No IF NO, HOLD FOR FUTURE USE? Yes No

IF YES, START DATE: _____ START SALARY: _____

HUMAN RESOURCES SIGNATURE: _____ DATE: _____

I. PERSONAL

LAST NAME		FIRST	MIDDLE	
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)			TELEPHONE NUMBER	
PERMANENT ADDRESS (IF DIFFERENT THAN PRESENT ADDRESS)			TELEPHONE NUMBER -- CELL	
ARE YOU 18 YEARS OF AGE OR OLDER? (If no, you will be required to show proof of eligibility to work.)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? (Proof of US Citizenship or work authorization status will be required upon employment)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
NAME OF RELATIVE OR FRIENDS EMPLOYED BY BERNARDS TOWNSHIP				
HAVE YOU EVER BEEN EMPLOYED BY BERNARDS TOWNSHIP? IF YES, STATE WHEN.			<input type="checkbox"/> Yes	<input type="checkbox"/> No

II. POSITION AND PERSONAL INTERESTS

POSITION APPLIED FOR	TITLE	SALARY DESIRED		
		\$		PER
ARE YOU EMPLOYED NOW?		DATE AVAILABLE TO START WORK		HOW WERE YOU REFERRED TO US?
<input type="checkbox"/> Yes <input type="checkbox"/> No				
WHAT KIND OF WORK DO YOU GENERALLY PREFER? (INTERESTS AND CAREER OBJECTIVES)				
COMPLETE IF DRIVING IS AN ESSENTIAL PART OF THE JOB BEING APPLIED FOR				
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PLEASE SIGN TO INDICATE YOUR AUTHORIZATION FOR THE TOWNSHIP TO PERFORM A RECORD CHECK OF THE DIVISION OF MOTOR VEHICLES' FILES, UPON AN OFFER OF EMPLOYMENT BY THE TOWNSHIP:				

III. EDUCATION AND TRAINING

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL OR EQUIVALENT			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TECHNICAL OR COMMERCIAL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (SPECIFY)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU TAKING ANY COURSE OF STUDY NOW? IF YES, PROVIDE DETAILS:			DATE TO BE COMPLETED		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
LIST ANY SCHOLASTIC HONORS, HONORARY SOCIETIES, FELLOWSHIPS AND SCHOLARSHIPS.					
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS OR EXTRA-CURRICULAR ACTIVITIES (i.e. EMT or fire fighting training and participation, etc.) Exclude those that indicate race, religion, sex, age, national origin or other protected classification.					
IF YOU HAVE EMT OR FIRE FIGHTING CERTIFICATION, WOULD YOU BE WILLING TO VOLUNTEER FOR THE TOWNSHIP DURING YOUR WORKDAY?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHAT COMPUTER SKILLS DO YOU HAVE AND WHAT OFFICE MACHINES CAN YOU USE? (IF APPLICABLE)					

IV. EMPLOYMENT HISTORY

Please account for all periods of employment, including U.S. Armed Forces experience, periods of travel, and self-employment. List present or last employer first. If more space is desired, please use an additional application.

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED FROM TO / / MONTH YEAR MONTH YEAR	
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT			
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []					

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TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT			
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []					

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YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
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TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT			
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
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TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE	DEPARTMENT			
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []					

V. OUTSIDE ORGANIZATIONS

ARE YOU AFFILIATED WITH ANY OTHER COMPANY THAT REQUIRES WORK OF YOU?
 Yes No IF YES, PLEASE EXPLAIN

ARE YOU ENGAGED IN ANY PERSONAL BUSINESS OR ENTERPRISE?
 Yes No IF YES, PLEASE EXPLAIN

IN WHAT BUSINESS, PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS DO YOU HOLD MEMBERSHIP? Exclude those that indicate race, religion, sex, age, national origin or other protected classification.

WHAT PROFESSIONAL LICENSES DO YOU HOLD?

DESCRIBE ANY OTHER EXPERIENCE THAT MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION. (Other work experience, internships, school activity, apprenticeships, etc.)

VI. REFERENCES Exclude relatives but provide three (3) persons not previously mentioned who are most familiar with your work, ability and training.

NAME	RELATIONSHIP	POSITION	ADDRESS	TELEPHONE

VII. ESSENTIAL FUNCTIONS Do NOT ANSWER THIS QUESTION WITHOUT FIRST REVIEWING THE JOB DESCRIPTION

ARE YOU ABLE TO PERFORM THE ESSENTIAL REQUIREMENTS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMODATION? Yes No

VIII. RELEASE OF APPLICATION

IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWNSHIP, DO YOU WISH YOUR APPLICATION TO BE DISCLOSED? Yes No

IX. 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 as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information.

I 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.

I understand that misrepresentation or omission of facts called for is basis for township refusal to process application further or, in the event of employment, cause for dismissal. I fully and completely understand that as a condition of employment, I must be able to perform all the duties of the position applied for. I also understand that if employed, by the township, I must abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____