



Join Our Community

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## Wall Township is Hiring!

Are you a Wall Township resident? A college student on summer break? Graduating from High School this Spring? Will you be a high school Senior this Fall? If you are, then you qualify to apply for our PAID internship program!



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We are looking for Administrative support as well as Public Works physical laborers who are interested in learning about municipal government and being a part of the team that works hard, each day, to improve our community!

Simply complete the Wall Township Seasonal Employee Application, submit via email to [HR@TownshipofWall.com](mailto:HR@TownshipofWall.com) or via mail to Human Resources Department 2700 Allaire Road Wall Township, NJ 07719, and wait to be contacted for an in-person interview.

***We look forward to meeting you!***



# Township of Wall Summer Internship Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Desired Department : (circle which applies) Administration Public Works

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*As an applicant for a position with the Township of Wall, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete and accurate. If hired, I understand that I may be separated from employment if the Township of Wall later discovers that information on this form was incomplete, untrue or inaccurate. I give the Township of Wall the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Township of Wall the right to secure additional job-related information. I understand that the Township of Wall is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Wall will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Township of Wall may terminate me at anytime in accordance with its established policies and procedures. No representatives of the Township of Wall may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. For your application to be considered, you must sign and date below.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_