

Township of Wall
2700 Allaire Road
Wall, NJ 07719

Application Information:

Name (Last, First, Middle): _____

Address: _____

City/Town: _____

Phone (Work): () _____ (Home): () _____

Social Security Number: _____ - _____ - _____

Position applied for: _____

Have you ever applied to the Township of Wall before: ____ Yes ____ No

Date you can start: _____ Salary desired: _____

Are you available to work: ____ Full time ____ Part time ____ Shift work ____ Temporary

Are you currently employed: ____ Yes ____ No ____ May we contact you at work: ____ Yes ____ No

May we contact your current employer: ____ Yes ____ No

Are you currently on layoff status and subject to recall: ____ Yes ____ No

Do you possess a current driver's license: ____ Yes ____ No

Do you possess a current commercial driver's license: ____ Yes ____ No

Please list any endorsements: _____

If you are under eighteen years of age, can you provide proof of eligibility to work: ____ Yes ____ No

Are you legally eligible to work in the United States of America: ____ Yes ____ No

Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

Have you ever pleaded guilty or been found guilty of a crime or disorderly person offense:

The Township of Wall is an Equal Opportunity Employer M/F

Employment History: This section must be completed even if attach a resume.
List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

| | |
|------------|------------------|
| Employer: | Date Started: |
| Address: | Starting Salary: |
| Job Title: | Final Salary: |

Reason for Leaving:

Supervisor's name and phone number:

May we contact for a reference: Yes No

| | |
|------------|------------------|
| Employer: | Date Started: |
| Address: | Starting Salary: |
| Job Title: | Final Salary: |

Reason for Leaving:

Supervisor's name and phone number:

May we contact for a reference: Yes No

| | |
|------------|------------------|
| Employer: | Date Started: |
| Address: | Starting Salary: |
| Job Title: | Final Salary: |

Reason for Leaving:

Supervisor's name and phone number:

May we contact for a reference: Yes No

| | |
|------------|------------------|
| Employer: | Date Started: |
| Address: | Starting Salary: |
| Job Title: | Final Salary: |

Reason for Leaving:

Supervisor's name and phone number:

May we contact for a reference: Yes No

Comments:

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary, if any. Include any formal, vocational, or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

| School: | Years Completed: (Circle) |
|----------|---------------------------|
| High: | 1 2 3 4 |
| College: | 1 2 3 4 |
| Other: | 1 2 3 4 |

Languages: List any foreign languages you know and indicate your level of proficiency.

| Language: | Speak Some: |
|-----------|-------------|
| | |
| | |
| | |

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying for.

Comments & Additional Information: Is there any additional information about you we should consider?

References: Provide the names, addresses and phone numbers of three of three people whom we may contact as a reference. They should not be relatives or former supervisors.

| Name & Address | Phone Number: |
|----------------|---------------|
| | |
| | |
| | |

Understandings and Agreements:

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 about me. I release the Township of Wall and its representatives from all liability for seeking such 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 any time 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 applications to be considered, you must sign and date below.

Applicant's Signature _____ Date _____

Voluntary Affirmative Action Information

You are not required to provide this information. Provide only if you wish.

If you provide information on this page, it will be files separately from the job application.
This information will be used only for purposes of the affirmative action program.

Applicant Information:

Name: _____

Address: _____

City/Town: _____

Phone () _____

Position Applied For: _____

How did you learn about this position? Advertisement Employment Agency
 Friend Relative Walk-In Other (Explain) _____

Information Regarding Status:

Gender: Male Female

Equal Employment Opportunity Identification Groups:

- White
- African-American (Non-Hispanic)
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Other _____

Other Protected Groups:

- Individual with a Disability
- Vietnam-era Veteran (served between 1964 and 1975)
- Disabled Veteran

For Township of Wall Use Only

Hired: Yes No Position _____ Date _____

Which EEO job classification best describes the position for which the applicant applied?

- | | |
|---------------------------|--------------------------------|
| 1. Officials and Managers | 4. Sales workers |
| 2. Professionals | 5. Office and clerical workers |
| 3. Technicians | 6. Craft workers (skilled) |

Township of Wall Official _____ Date _____
