



TOWNSHIP OF BELLEVILLE APPLICATION FOR EMPLOYMENT SUMMER / PART-TIME

152 Washington Avenue, Belleville, NJ 07109

Township Manager: Anthony D. Iacono

Phone Number: 973-450-3322 • Fax Number: 973-759-8022 • Aacono@bellevillenj.org

Please Print

Date of Application: _____ / _____ / _____

Name: _____

Email Address: _____

Position Applied For: _____

Type of Employment desired: _____ FT, _____ PT, _____ Temp., _____ Seasonal, _____

Department: _____

Applicants for all positions are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap or disability, sexual orientation or any other legally protected status.

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

All information will be verified, and all references will be checked. Information will be kept confidential and will only be communicated to those individuals who are directly involved in the screening and hiring process.

UNDERSTANDINGS AND AGREEMENTS

As an applicant for the position with the Township of Belleville, 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, true and accurate. If hired, I understand that I may be separated from employment if the Township of Belleville later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township of Belleville the right to investigate the information I have provided and to speak to former employers. I give the Township of Belleville the right to secure additional job-related information about me. I release the Township of Belleville and its representatives from all liability for seeking such information. I understand that the Township of Belleville 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 Belleville may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Belleville may make any assurances 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.

Applicant's Signature: _____

Date: _____ / _____ / _____

CONDITIONS OF EMPLOYMENT

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. For your application to be considered, you must sign and date below.

Applicant's Signature: _____

Date: _____ / _____ / _____

PERSONAL

LAST NAME		FIRST	MIDDLE
EMAIL ADDRESS		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)		HOME PHONE NUMBER	CELL PHONE NUMBER
PERMANENT ADDRESS (IF DIFFERENT THAN PRESENT ADDRESS)		TELEPHONE NUMBER	
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?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EMPLOYED BY THE TOWNSHIP OF BELLEVILLE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME, including misdemeanors and summary offenses that have not been sealed or otherwise cleared from your record? (A yes answer is not an automatic bar to employment.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE TO START WORK	HOW WERE YOU REFERRED TO US?	
NAME OF RELATIVE(S) OR FRIEND(S) EMPLOYED BY THE TOWNSHIP OF BELLEVILLE.			

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	

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignment, or volunteer activities, starting with the most recent (use additional sheet if necessary). Explain any gaps in employment in the comments section below.

EMPLOYER:	TELEPHONE:
ADDRESS:	DATE EMPLOYEED: FROM: ___/___/___ TO: ___/___/___
STARTING JOB TITLE/FINAL JOB TITLE:	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:
IMMEDIATE SUPERVISOR AND TITLE:	
REASON FOR LEAVING:	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER:	TELEPHONE:
ADDRESS:	DATE EMPLOYEED: FROM: ___/___/___ TO: ___/___/___
STARTING JOB TITLE/FINAL JOB TITLE:	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:
IMMEDIATE SUPERVISOR AND TITLE:	
REASON FOR LEAVING:	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES

EXCLUDE RELATIVES BUT PROVIDE (3) PERSONS NOT PREVIOUSLY MENTIONED WHO ARE MOST FAMILIAR WITH YOUR WORK, ABILITY AND TRAINING.

NAME	POSITION	RELATIONSHIP

APPLICANT'S STATEMENT

I certify that these answers 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 my former employers and others from any liability that might arise from the disclosure.

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 the misrepresentation or omission of facts called for is a basis 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 I applied for. I also understand that if employed, I must abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: ____/____/____