

Application

TOWNSHIP OF MONROE
One Municipal Plaza
Monroe Township, NJ 08831

For Employment

We consider applications for all positions without regard to race, color, religion, sex, 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)

Date of Application _____

Position(s) Applied For:

(Last Name) (First Name) (Middle Name)

(Address) (Number) (Street)

(City) (State) (Zip Code)

(Telephone Number(s)) E-mail Address (Social Security No.)

 Fax 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? Yes _____ No _____
 If Yes, give date _____

Have you ever worked with us before? Yes _____ No _____
 If Yes, give date _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?(Proof of citizenship or immigration status will be required upon employment)
 Yes _____ No _____

EDUCATION	Name and Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORESPONDENCE SCH				

Reference

Exhibit 1

Give name, address and telephone number of three (3) references who are not related to you and who not previous employers:

1. _____

2. _____

3. _____

Have you served in the U.S. Military? Yes _____ No _____
 Rank _____ Discharge Date _____
 Are you presently a member of the National Guard Reserves? Yes _____ No _____
 Have you ever had any job-related training in the United States Military? Yes _____ No _____

If yes, please describe:

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.

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

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

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.

Physical Record

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes _____ No _____
 If Yes, what can be done to accommodate your limitation?

Please describe:

Name

Address

Phone Number

APPLICANT'S STATEMENT

Are you now, or have you ever been a member of the New Jersey Public Employees Retirement System, or the New Jersey Police and Fireman's Retirement System?

No _____ **Current Member** _____ **Past Member** _____

I certify that the 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 one (1) year.

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.

Notice to Employees and Applicants That Consumer Reports May Be Obtained

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act) and applicable state law, this notice is to inform you that consumer reports, including Credit Bureau Reports, Motor Vehicle Reports, Criminal Records, Drug Tests, Consumer Investigations and Medical Information may be obtained in connection with your application for employment or continued employment. If obtained, this consumer report may be used in making decisions concerning your application for employment and/or employment status with this company.

(Signature of Applicant)

(Date)

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED: Yes: _____ No: _____ POSITION: _____ DEPT: _____

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED: 1. _____ 2. _____ 3. _____
Employment Manager Department Head General Manager



Township of Monroe

County of Middlesex

Wayne R. Hamilton
Business Administrator

Administrative offices:
Municipal Complex
1 Municipal Plaza
Monroe Township, N.J. 08831
732-521-4400
732-521-5659 - fax

RELEASE AUTHORIZATION

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Education and other Institutions and Agencies without exception.

I, _____ am making application for employment with Monroe Township. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to Monroe Township or its representative, any and all information, documentary or otherwise pertaining to me, that they may request.

I hereby release, discharge and exonerate Monroe Township, its agents and representatives, and any other person so furnishing information from any and all liability or every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by Monroe Township.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Applicant sign here

Sworn to before me this _____
Day of _____, 200

Notary Public