

Township of Monroe

Application For Employment

Office of Health & Human Resources
 1 Municipal Plaza
 Monroe Township, NJ 08831

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 _____

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

 (Street Address)

 (City) (State) (Zip Code)

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

 Fax Number

Position(s) Applied For: _____

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 SCHOOL				

Reference

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

Disclosure of Family Relationships

In Accordance with Ordinance No. 0-4-2007-014 entitled "ORDINANCE OF THE MONROE TOWNSHIP COUNCIL AMENDING THE CODE OF THE TOWNSHIP OF MONROE SPECIFICALLY CHAPTER 3 ENTITLED, "ADMINISTRATION OF GOVERNMENT" AMENDING AND SUPPLEMENTING SECTION 112 ENTITLED, "HIRING; APPOINTMENTS which was adopted by the Monroe Township Council at a meeting held on April 4, 2007, states the following:

SECTION 1: *No person who is related to a township elected office holder, department head as defined in N.J.S.A. 40:69A-43, the Township Clerk, Tax Assessor, Chief Financial Officer, Tax Collector or a person employed on a full-time basis shall be employed by the township, except for employment in a part-time seasonal or per-diem position. A relation for the purpose of this section is defined as brother, sister, husband, wife, life partner, son, daughter, ward, son-in-law, daughter-in-law, brother-in-law, sister-in-law, father, mother, father-in-law, mother-in-law, grandmother, grandfather, grandson and granddaughter.*

I, _____ do hereby disclose the following Family relationship(s) to any/all Monroe Township Employee(s) and/or Elected Official(s):

<u>EMPLOYEE</u>	<u>DEPARTMENT</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

X _____
Signature

Date



I, _____ do not have any Family relationship(s) to any person(s) including any Elected Officials(s) employed by Monroe Township.

X _____
Signature

Date