

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

APPLICANT INFORMATION																				
Last Name						F	First				1	M.I.		Date	Э					
Street Address														Apartment/Unit #						
City							5	tate						ZIP						
Phone							Е	E-mail Address												
Date Available					Social Se	curit	rity No.			Des			sired Salary							
Position(s) Applied for																				
Are you a citizen of the United States?				YES 🗌		NO 🗆			If no, are you authoriz the U.S.?			zed to work in			YES		NO			
Have you ever worked for the Township of Morris?					YES 🗌		NO [NO 🗆		If so, when?										
Are you available to work:					Full Time		Part Time		Temporary \square		s	Seasonal								
Do you have a valid CDL license, minimum Class "B"? * Only required for DPW Driver Position				YES 🗌		NO 🗆	N/A 🗆													
Where did you learn about us?																				
Indicate any foreign language(s) you can speak, read, or write.																				
EDUCATI	ON																			
High School				Add	dress			_												
From To			graduate?	YES	S 🗌	NO 🗌		Degree												
College							Add	dress			_									
From To Did you g		graduate?	uate? YES		NO 🗌		Degree													
Other						Add	Address													
From To Did you o			graduate?	YES	S 🗌	NO 🗆		Degree					_							
				·																· <u> </u>

PREVIOUS EMPLOYMENT (MOST RECENT EMPLOYER FIRST)														
Company							Phone	Phone						
Address							Superviso	r						
Job Title					Sta	rting Salary	\$		Ending Salary	у \$				
Responsibilit	ies													
From		To Reason for Leaving			ng									
May we cont	act your	previous	supervis	or for a reference?	,	YES 🗌	NO \square	NO 🗆						
Company							Phone	<u> </u>						
Address							Superviso	r	_					
Job Title					Sta	rting Salary	\$		Ending Salary	\$				
Responsibilities														
From		То		Reason for Leav	ng									
May we cont	act your	r previous supervisor for a reference?			,	YES 🗌	NO 🗆	NO 🗆						
Company Phone														
Address	Supervisor								_					
Job Title				Sta	rting Salary	\$		Ending Salary	\$					
Responsibilities														
From		То		Reason for Leavi	ng									
May we contact your previous supervisor for a reference?)	YES 🗆	NO 🗆							
SPECIALIZED SKILLS														
OUTLOOK EXCEL WORD POWERPOINT									DOWEDDOINT					
EDMUNDS GIS (GEOCLIENT)					1									
EDMUNDS ☐ GIS (GEOCLIENT) ☐ OTHER ☐ LIST OTHER COMPUTER PROFICIENCIES														

REFERENCES									
Please list three professional references.									
Full Name		Relation	ship						
Company		Phone							
Address									
Full Name		Relation	ship						
Company		Phone							
Address									
Full Name		Relation	ionship						
Company		Phone							
Address									
ADDITIONAL	INFORMATION								
EMPLOYMENT OR OTHER EXPERIENCES.									
I certify that 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 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.									
I hereby 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.									
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.									

Signature

Date