

Township of Hampton
1 Rumsey Way Newton NJ 07860

Date:

Employment Application:

Applicant Information:

Name (Last, First, Middle):

Address: _

City/Town:

Phone (Work): ()

(Home):

Social Security Number: -

Position applied for:

Have you ever applied to the (local unit type) before: ___ Yes ___ No

If yes, give date _____

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 plead guilty or been found guilty of a crime; disorderly persons offense; or a municipal ordinance involving moral turpitude: ___ Yes ___ - No

Employment is conditional upon the results of the criminal background check. An answer of "Yes" may disqualify you from employment depending upon the circumstances involved. If "Yes", please explain below.

Township of Hampton is an Equal Opportunity Employer M/F

Employment History: This section must be completed even if you 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:	Date left:	Work performed/ responsibilities:
Address:			
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:			
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:			
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:			
Job Title:			
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 education, 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)	Graduated: Circle	Major Field:
Elementary:	5 6 7 8	Yes No	N/A
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

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

Language:	Speak Some:	Speak Fluently:	Read:	Write:

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.

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

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

UNDERSTANDINGS AND AGREEMENTS:

As an applicant for a position with the Township of Hampton, 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 later discovers that information on this form was incomplete, untrue, or inaccurate. I give Township of Hampton 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 the right to secure additional job-related information about me. I release the Township of Hampton and its representatives from all liability for seeking such information. I understand that the Township[is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township 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 may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township 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.

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 _____

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 filed 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 (local unit type) 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 | 7. Operators(semi-skilled) |
| 2. Professionals | 5. Office and clerical workers | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft workers (skilled) | 9. Service workers |

Hampton Twp official _____

Date _____

This page for (local unit type) use only!
Results of interview

Interviewer:

Date:

Time: