



TOWNSHIP OF MOUNT OLIVE

Employment Application:

Date: _____

Applicant Information:

Name (Last, First, Middle): _____

Address: _____

City/Town: _____

Phone (Work): () _____ (Home): () _____

Phone (Cell) _____

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.

Mount Olive Township is an Equal Opportunity Employer

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:	Work performed/ responsibilities:
Address:	Date left:	
Job Title:		
Reason for leaving:		
Supervisor's name and phone number:		
May we contact for a reference: Yes No		
Employer:	Date started:	Work performed/ responsibilities:
Address:	Date left:	
Job Title:		
Reason for leaving:		
Supervisor's name and phone number:		
May we contact for a reference: Yes No		
Employer:	Date started:	Work performed/ responsibilities:
Address:	Date left:	
Job Title:		
Reason for leaving:		
Supervisor's name and phone number:		
May we contact for a reference: Yes No		
Employer:	Date started:	Work performed/ responsibilities:
Address:	Date left:	
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:
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.

Name & Address:	Phone Number:	Years Known:

Understandings and Agreements:

As an applicant for a position with the (local unit type), 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 (local unit type) later discovers that information on this form was incomplete, untrue, or inaccurate. I give the (local unit type) 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 (local unit type) the right to secure additional job-related information about me. I release the (local unit type) and its representatives from all liability for seeking such information. I understand that the (local unit type) is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the (local unit type) will make reasonable accommodations as required by the Americans with Disabilities Act and New Jersey Law Against Discrimination. I understand that, if employed, I may resign at any time and that the (local unit type) may terminate me at any time in accordance with its established policies and procedures. No representatives of the (local unit type) 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. *For your application to be considered, you must sign and date below.*

Applicant's Signature _____ Date _____

Voluntary Affirmative Action Information

The following information is to be requested only after the preliminary selection and interview process is completed. It cannot be a part of the selection process. The applicant is 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 Mount Olive Township 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 |

(Local unit type) Official _____ Date _____