

BOROUGH OF
NEW PROVIDENCE

SETTLED IN 1720

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Employment Application

The Borough of New Providence welcomes all applicants for consideration for any and all positions within the Borough without regard to race, creed, color, national origin, ancestry, age, marital status, civil union status, domestic partnership status, affectional or sexual orientation, genetic information (including refusal to submit to a genetic test or make available the results of a genetic test), pregnancy, sex, gender identity or expression, disability or atypical hereditary cellular or blood trait of any individual, liability for service in the Armed Forces of the United States, nationality, and/or any other characteristic protected by law

Please Print Clearly

Position(s) Applied For: _____ Date: _____

Name (Last, First, Middle): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Are you legally eligible to work in the United States of America? _____ Yes _____ No

On what date are you available to work? _____

Are you available to work : _____ Full-Time _____ Part-Time _____ Shift Work

Are you a Veteran? _____ Yes _____ No

Have you ever filed an employment application with us before? _____ Yes _____ No

If Yes, please list for what positions(s) and date of application:

Have you ever been employed by the Borough of New Providence? _____ Yes _____ No

If Yes, please list position and time period which you were employed:

Education

Where did you attend High School?

Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Did you graduate High School? _____ Yes _____ No

If No, do you have a GED? _____ Yes _____ No

Colleges / Universities	City / State	Major	Degree Received (AA, BS, MBA, etc.)

Trade or Other School	City / State	Name of Course or Training	Certification Received

**List any other licenses or certificates you may have along with any special skills
(license to operate special equipment, computer skills etc.)**

Driver's License

If driving a car or other vehicle is required for this position,
do you have a valid New Jersey Driver's License? _____ Yes _____ No

If a Commercial Driver's License is required for this position,
do you possess a valid New Jersey CDL? _____ Yes _____ No

If Yes, provide the number and class of license: _____

360 Elkwood Avenue ♦ New Providence ♦ NJ ♦ 07974

908-665-1400 ♦ 908-665-9272(Fax)

www.newprov.org

Employment History

Begin with your current or most recent position, and go back at least 7 years, if applicable. Include any job-related military service, internships and/or apprentice work. List all employers and explain any gaps in employment. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Name of Employer: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Dates of employment: _____ to _____
Title Held: _____
Hours per week: _____ Starting Rate: _____ Ending Rate: _____
Name and Title of Supervisor: _____
Phone: _____ May we contact them? _____ Yes _____ No
Reason for leaving: _____
Describe your duties: _____ _____ _____

Name of Employer: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Dates of employment: _____ to _____
Title Held: _____
Hours per week: _____ Starting Rate: _____ Ending Rate: _____
Name and Title of Supervisor: _____
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Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Dates of employment: _____ to _____

Title Held: _____

Hours per week: _____ Starting Rate: _____ Ending Rate: _____

Name and Title of Supervisor: _____

Phone: _____ May we contact them? _____ Yes _____ No

Reason for leaving: _____

Describe your duties: _____

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Dates of employment: _____ to _____

Title Held: _____

Hours per week: _____ Starting Rate: _____ Ending Rate: _____

Name and Title of Supervisor: _____

Phone: _____ May we contact them? _____ Yes _____ No

Reason for leaving: _____

Describe your duties: _____

Name of Employer: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Dates of employment: _____ to _____
Title Held: _____
Hours per week: _____ Starting Rate: _____ Ending Rate: _____
Name and Title of Supervisor: _____
Phone: _____ May we contact them? _____ Yes _____ No
Reason for leaving: _____ _____ _____
Describe your duties: _____ _____ _____

References

Please provide the necessary information for three (3) personal references whom we may contact. References should not be relatives or former supervisors. Coworkers and professional colleagues may be used.

Name (First & Last)	Phone Number	Relationship	Years Known

Please list any additional information you feel may be helpful for consideration:

Applicant's Statement

As the Applicant, I hereby certify that the answers given herein are true and complete to the best of my knowledge. I understand that any false or misleading information or omissions in my application or interview(s) may disqualify me from further consideration for employment and if discovered at a later time, may result in discharge. In the event of employment, I also understand that I am required to abide by all rules and regulations of the Borough of New Providence ("the Borough").

I understand and hereby acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Borough is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the 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 the Borough.

This application for employment shall be considered active for a period of time not to exceed sixty (60) days. I further understand that any applicant wishing to be considered for employment beyond this time period should inquire whether or not applications are being accepted at that time.

I hereby authorize the Borough to investigate and verify statements contained in this application for employment as may be necessary in arriving at an employment decision, including but not limited to, contacting the references and former employers (except where I have indicated they may not be contacted). I hereby release and agree to hold harmless the Borough and its officers, employees and representatives from any liability that may arise from the Borough's investigation and verification of my application, credentials and qualifications for employment

I agree that a photocopy of this signed application may be used as an original.

I understand the Borough of New Providence is an equal-opportunity employer and does not discriminate in its hiring or other personnel practices. I understand that the Borough will make reasonable accommodations as required by Federal and/or State law, where such reasonable accommodations will not create undue hardship for the Borough.

I understand that I must submit proof of legal eligibility to work in the United States if I am hired. I also understand that any offer of employment from the Borough may be contingent upon my successful completion of a background check, pre-employment drug test, pre-employment physical examination and/or other tests relevant to and/or required by the position I seek.

Signature of Applicant

Date

Personnel Department Use Only

Interview Date: _____

Remarks:

Second Interview Date: _____

Remarks:

Employed: Yes No

Date of Employment: _____ Salary/Hr. Wage: _____

Job Title: _____ Department: _____

Approved by: _____ Date: _____
(signature)