

Borough of Carlstadt Application for Employment

Please PRINT or TYPE answers. Feel free to add any information which will help to place you. Please be aware that misrepresentation may be cause for disqualification and/or removal

1. Last Name	First Name	MI	2. Home Phone # (Area Code)	3. Work Phone # (Area Code)
4a. ADDRESS: Number, Street, Apt. #, etc.			5. Social Security Number	
City			6. Date of Birth	
State			Zip Code	

Proof of Age, Education, Military Status, and Citizenship may be required upon employment offer

7. What tpe of employment are you seeking. Indicate preferred work schedule:

Borough Office DPW Summer Recreation

Full-Time Part-Time Temporary

8. Are you 18 years old or older? (if under 18, you will be required to submit working papers if offered employment.) YES NO

9. Do you possess a driver's license that is valid in New Jersey? YES NO 9b. Do you possess a Commercial Driver License? YES NO
(Answer these questions only if it is a requirement as indicated on the job announcement or job specification) Class Endorsements

10. Are you a legal resident of the United States? YES NO

11. Are you a Veteran? YES NO

*If yes, have you established Civil Service Veteran's Preference with the NJ Civil Service Commission between April 1, 1980 and March 1, 2001 or with NJ Department of Military & Veterans after March 1, 2001? YES NO

12. Are you now or have you ever been a member of any Public Employee's Retirement System? (if yes, indicate system name and membership number) YES NO -----

13. Have you ever worked or been educated under a different name? YES (if yes, specify here: -----) NO

14. Have you ever applied to or been employed by the Borough of Carlstadt in the past?
 YES NO

14a. If Yes, Please explain

15 EDUCATION/SKILL HISTORY: Please list all vocational, technical, correspondence schools, colleges and universities you have attended. Upon employment be prepared to provide supporting documentation of schools attended. Attach additional sheets if necessary. Check the highest grade of school you have completed.

1 2 3 4 5 6 7 8 High School 9 10 11 12 GED College 1 2 3 4 Graduate 1 2 3 4

Name and Address of School	Did you Graduate?	Credit Hrs. Earned	Major Subject	# of Credits in Major	Degree Received
High School last attended	<input type="checkbox"/> YES <input type="checkbox"/> NO				
College or University	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Graduate School	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Other Formal Training (include Military)	<input type="checkbox"/> YES <input type="checkbox"/> NO				

16 FOREIGN LANGUAGE ABILITIES (Answer is Optional) If there are any foreign languages, including sign languages, in which you are proficient enough to communicate on a job, and are willing to use on the job (now and in the future), please list them here.

17 CLERICAL SKILLS
 (a) Typing? YES NO WPM:.....
 (b) Stenography? YES NO WPM:.....

Office machines operated, computer systems/software used, and/or special skills

18. List all employment starting with present or last position and work back, including military experience.
PLEASE PRINT OR TYPE, USE ADDITIONAL SHEETS IF NECESSARY.

From Mo..... Yr.....	To Mo..... Yr.....	POSITION TITLE <i>Give number of staff supervised if any:</i>	SUPERVISOR'S NAME <i>Telephone Number:.....</i>	SALARY OR WAGE <i>Starting:..... Ending:.....</i>
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EMPLOYER'S NAME AND COMPLETE ADDRESS	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <i>List number of hrs. per week:.....</i> REASON FOR LEAVING
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DESCRIPTION OF DUTIES

From Mo..... Yr.....	To Mo..... Yr.....	POSITION TITLE <i>Give number of staff supervised if any:</i>	SUPERVISOR'S NAME <i>Telephone Number:.....</i>	SALARY OR WAGE <i>Starting:..... Ending:.....</i>
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EMPLOYER'S NAME AND COMPLETE ADDRESS	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <i>List number of hrs. per week:.....</i> REASON FOR LEAVING
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EMPLOYER'S NAME AND COMPLETE ADDRESS	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <i>List number of hrs. per week:.....</i> REASON FOR LEAVING
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DESCRIPTION OF DUTIES

● May we contact all employer/supervisors listed? YES NO *(Indicate exceptions):*

21. Attach (ATTACH Button Page 4) additional sheets to describe any internships, licenses, certifications or registrations related to the position for which you are applying. Give name of State in which license, certification or registration is held or dates and location of internship. If specific license or certification is required for your position, you will be required to present the appropriate credential(s) prior to employment, and you will be responsible to renew the credential(s) and advise the personnel office if the credential(s) expires or is revoked.

GENERAL INFORMATION (Please print or type. Use additional sheets if necessary.)

19. Are you engaged in any business activity or employment which you plan to continue if employed by the Borough of Carlstadt? If yes, your outside employment will be subject to further review regarding conflicts of interest.

NO YES *If yes, explain:* _____

20. Please add any additional information which will help in placing you where you are best qualified. Include such items as: honors, hobbies, publications, volunteer work, public speaking and writing experience, membership in professional or scientific societies.

21. List three people unrelated to you whom we may contact for information concerning your qualifications.

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Phone #: _____	Phone #: _____	Phone #: _____
Occupation: _____	Occupation: _____	Occupation: _____

● Please indicate a telephone number where and at what time you may be contacted for an interview: ►

I understand that if I plan to engage in other business or employment while working for the Borough, prior approval may be necessary before accepting employment since there may be restrictions in accordance with the New Jersey Conflicts of Interest Law and/or the Borough Code of Ethics.

I authorize my former employers to release any information they may have concerning my employment record and I release the Borough of Carlstadt and all previous employers listed above from all liability whatsoever that may issue from securing this information. I further authorize representatives of this agency to verify any and all information contained in this application, including education, and to review any and all criminal history, military and disciplinary records of any source.

I CERTIFY that the information on this application is complete and accurate, to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if employed.

Signature: _____ Date: _____ Email: _____



CARLSTADT POLICE DEPARTMENT

500 Madison Street
Carlstadt, New Jersey 07072-0215
HQ: (201) 438-4300
Fax: (201) 939-4522

RELEASE AUTHORIZATION

To all courts, probation departments, police departments, officers and judges in charge of expungement records, schools, colleges, physicians, credit report bureaus and agencies, selective service boards, military services, military records bureaus and centers, unemployment & disability insurance officers, insurance companies, workman compensation companies and courts, hospitals, employers and other institutions and agencies without exception.

I, _____ am making application to
the Carlstadt Police Department for _____

or, am applying for the issuance of a(n) _____
and do hereby authorize You and your agency/institution/bureau/company or likewise to release to the
Carlstadt Police Department or its representatives any and all information, documentary or otherwise
pertaining to me that they may request.

I hereby release, discharge and exonerate the Carlstadt Police Department or its representatives, and
any such person so furnishing such requested information from any and all liability of every nature and
kind arising out of the furnishing, inspection or collection of such documents, records and other
information or the investigation conducted by Carlstadt Police Department.

A reproduced copy of this authorization will be considered as effective and valid as the original
document bearing my signature.

Date: _____ Social Security #: _____

Signature: _____ Date of Birth: _____

Witness: _____