

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:

☐ Full-Time	☐ Part-Time	☐ Temporary	☐	☐	☐	☐	☐	☐
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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	☐ YES ☐ NO				
College or University	☐ YES ☐ NO				
Graduate School	☐ YES ☐ NO				
Other Formal Training (include Military)	☐ YES ☐ 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	To	POSITION TITLE	SUPERVISOR'S NAME	SALARY OR WAGE
Mo.:.....	Mo.:.....			Starting:.....
Yr.:.....	Yr.:.....	Give number of staff supervised if any:	Telephone Number:.....	Ending:.....

EMPLOYER'S NAME AND COMPLETE ADDRESS

☐ **FULL TIME**
☐ **PART TIME** List number of hrs. per week:.....

REASON FOR LEAVING

DESCRIPTION OF DUTIES

From	To	POSITION TITLE	SUPERVISOR'S NAME	SALARY OR WAGE
Mo.:.....	Mo.:.....			Starting:.....
Yr.:.....	Yr.:.....	Give number of staff supervised if any:	Telephone Number:.....	Ending:.....

EMPLOYER'S NAME AND COMPLETE ADDRESS

☐ **FULL TIME**
☐ **PART TIME** List number of hrs. per week:.....

REASON FOR LEAVING

DESCRIPTION OF DUTIES

From	To	POSITION TITLE	SUPERVISOR'S NAME	SALARY OR WAGE
Mo.:.....	Mo.:.....			Starting:.....
Yr.:.....	Yr.:.....	Give number of staff supervised if any:	Telephone Number:.....	Ending:.....

EMPLOYER'S NAME AND COMPLETE ADDRESS

☐ **FULL TIME**
☐ **PART TIME** List number of hrs. per week:.....

REASON FOR LEAVING

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: _____

Address: _____

Phone #: _____

Occupation: _____

Name: _____

Address: _____

Phone #: _____

Occupation: _____

Name: _____

Address: _____

Phone #: _____

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: _____