



**Borough of North Plainfield**  
 263 Somerset Street - North Plainfield, NJ 07060  
 908 769-2910

**Application For Employment**

**We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.**

**\*\*We are an equal opportunity employer\*\***

Position Applied for: \_\_\_\_\_

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How did you learn about us?

Advertisement    Employment Agency    Friend    Relative    Walk In    Other \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

If you are under 18, can you provide required proof of your eligibility to work?    YES    NO  
   

Have you filed an application with us before?    YES    NO  
   

If yes, when? \_\_\_\_\_

Have you ever been employed with us before?    YES    NO    If yes, when? \_\_\_\_\_  
   

Are you currently employed?    YES    NO  
   

May we contact your present employer?    YES    NO  
   

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?    YES    NO  
   

**\*Proof of citizenship or immigration status will be required upon employment.**

On what date would you be available to work? \_\_\_\_\_

Are you available to work:    Full Time    Part Time    Shift Work    Temporary

Are you currently on "Lay-Off" status and subject to recall?    YES    NO  
   

Can you travel if a job requires it?    YES    NO  
   

Have you been convicted of a felony within the last 7 years?    YES    NO  
   

If yes, please explain \_\_\_\_\_

## Previous Employment

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\*\*If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### Education, Special Skills and Qualifications

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and location				
Years Completed				
Diploma/Degree				
Describe course of study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe and honors you have received				
State any additional information you feel may be helpful to us in considering your application				

### Special Skills and Qualifications

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. You may exclude memberships would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

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Give name, addresses and telephone numbers of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you had any job related training in the United States military? YES NO

If yes, please explain \_\_\_\_\_

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Are you physically or otherwise unable to perform the duties of the job for which you are applying? YES NO

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge 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 Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



FOR PERSONNEL DEPARTMENT USE ONLY		
Arrange Interview	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Remarks	_____	
_____		
Employed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Date of Employment	_____
Job Title	Hourly Rate/Salary	Dept. _____
By	_____	
	Name and Title	Date

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_