

# EMPLOYMENT APPLICATION

**Hopewell Township  
590 Shiloh Pike  
Bridgeton, NJ 08302**

**If you need assistance in filling out the application assistance can be provided**

**Position applied for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Applicant Information:**

**NAME (Last, First, Middle):** \_\_\_\_\_  
Please Print

**APPLICANTS ADDRESS:** \_\_\_\_\_  
Street Number Street Name  
PO No. City State Zip County

**Phone (Work):** \_\_\_\_\_ **(Home):** \_\_\_\_\_

**Social Security Number#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

Have you ever applied to the Hopewell Twp. 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: \_\_\_\_\_

Can you perform the essential functions of the job with or without reasonable accommodation?:  
\_\_\_\_\_ 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.*

**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 Comments section at the bottom of this page.**

**1) Employer:** \_\_\_\_\_ Date Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number Street Name City State Zip

Job Title: \_\_\_\_\_

Work Performed/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone: \_\_\_\_\_ May we contact for a reference: \_\_\_\_\_ Yes \_\_\_\_\_ No

**2) Employer:** \_\_\_\_\_ Date Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number Street Name City State Zip

Job Title: \_\_\_\_\_

Work Performed/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone: \_\_\_\_\_ May we contact for a reference: \_\_\_\_\_ Yes \_\_\_\_\_ No

**3) Employer:** \_\_\_\_\_ Date Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number Street Name City State Zip

Job Title: \_\_\_\_\_

Work Performed/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone: \_\_\_\_\_ May we contact for a reference: \_\_\_\_\_ Yes \_\_\_\_\_ No

**4) Employer:** \_\_\_\_\_ Date Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number Street Name City State Zip

Job Title: \_\_\_\_\_

Work Performed/Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone: \_\_\_\_\_ 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.**

<u>School</u>	<u>Years completed</u>	<u>Graduated</u>	<u>Major Field</u>
Elementary: _____	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
High: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
College: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Other: _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

**Languages: List any foreign languages you know and indicate your level of proficiency.**

<u>Language</u>	<u>Level of Proficiency</u>			
_____	<input type="checkbox"/> Speak Some	<input type="checkbox"/> Speak Fluently	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Speak Some	<input type="checkbox"/> Speak Fluently	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Speak Some	<input type="checkbox"/> Speak Fluently	<input type="checkbox"/> Read	<input type="checkbox"/> Write

**Special Skills and 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:**

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**Comments & Additional Information: Is there any additional information about you we should consider?**

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**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.**

<u>Name and Address</u>	<u>Phone Number</u>	<u>Years Known</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Understandings and Agreements:**

As an applicant for a position with Hopewell Township, 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 Administrator later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Hopewell Township 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 Administrator the right to secure additional job-related information about me. I release the Hopewell Township and its representatives from all liability for seeking such information. I understand that the Hopewell Township is an equal opportunity employer and does not discriminate in its hiring practices. I understand that the Administrator will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Hopewell Township may terminate me at any time in accordance with its established policies and procedures. No representatives of the Hopewell Township 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Conditions of Employment:**

Please be advised that all offers of employment are conditional on the applicant passing a mandatory drug test and pre-employment medical/physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or nonprescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. *For your application to be considered you must sign and date below.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_