

Township of Livingston

APPLICATION FOR EMPLOYMENT

357 South Livingston Avenue, Livingston, NJ 07039

Application Date: _____

Name: _____

Position Applied For: _____

Department: _____

The Township of Livingston considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap or disability, sexual orientation, domestic partnership or any other legally protected status.

Effective September 1, 2011 all employees of State and local government must reside in the State of NJ, unless exempted under law. If you already work for State or local government as of September 1, 2011 and you do not live in NJ, you are not required to move to NJ if there is no more than a seven day break in employment. However, if you begin your office, position or employment on September 1, 2011 or later, you must reside in NJ. If you do not reside in NJ, you have one year after the date you take your office, position or employment to relocate your residence to NJ. If you do not do so, you are subject to removal from your office, position or employment.

A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY

All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law.

DO NOT WRITE BELOW THIS LINE

RECOMMEND FOR EMPLOYMENT: Yes No IF NO, HOLD FOR FUTURE USE? Yes No

IF YES, START DATE: _____ START SALARY: _____

HUMAN RESOURCES SIGNATURE: _____ DATE: _____

PLEASE PRINT

I. PERSONAL

| | | | |
|---|-------|--------|--|
| LAST NAME | FIRST | MIDDLE | |
| PRESENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) | | | TELEPHONE NUMBER |
| PERMANENT ADDRESS (IF DIFFERENT THAN PRESENT ADDRESS) | | | TELEPHONE NUMBER |
| ARE YOU 18 YEARS OF AGE OR OLDER? (If no, you will be required to show proof of eligibility to work.) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? (Proof of US Citizenship or work authorization status will be required upon employment) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NAME OF RELATIVE OR FRIENDS EMPLOYED BY THE TOWNSHIP OF LIVINGSTON | | | |
| HAVE YOU EVER BEEN EMPLOYED BY THE TOWNSHIP OF LIVINGSTON? IF YES, STATE WHEN. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME, including misdemeanors and summary offenses, which has not been sealed or otherwise cleared from your record? IF YES, EXPLAIN INCLUDING PERIODS OF REHABILITATION. (A yes answer is not an automatic bar to employment.) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

II. POSITION AND PERSONAL INTERESTS

| | | |
|---|------------------------------|--------------------------------|
| POSITION APPLIED FOR | TITLE | SALARY DESIRED \$ _____ PER |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No | DATE AVAILABLE TO START WORK | HOW WERE YOU REFERRED TO US? |
| WHAT KIND OF WORK DO YOU GENERALLY PREFER? (INTERESTS AND CAREER OBJECTIVES) | | |
| COMPLETE IF DRIVING IS AN ESSENTIAL PART OF THE JOB BEING APPLIED FOR DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No PLEASE SIGN TO INDICATE YOUR AUTHORIZATION FOR THE TOWNSHIP TO PERFORM A RECORD CHECK OF THE DIVISION OF MOTOR VEHICLES' FILES, UPON AN OFFER OF EMPLOYMENT BY THE TOWNSHIP: | | |

III. EDUCATION AND TRAINING

| SCHOOL | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | CIRCLE LAST YEAR COMPLETED | DID YOU GRADUATE ? | LIST DIPLOMA OR DEGREE |
|--|----------------------------|-----------------|----------------------------|---|------------------------|
| HIGH SCHOOL OR EQUIVALENT | | | 9 10 11 12 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TECHNICAL OR COMMERCIAL | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| COLLEGE | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| OTHER (SPECIFY) | | | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ARE YOU TAKING ANY COURSE OF STUDY NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PROVIDE DETAILS: | | | DATE TO BE COMPLETED | | |
| LIST ANY SCHOLASTIC HONORS, HONORARY SOCIETIES, FELLOWSHIPS AND SCHOLARSHIPS. | | | | | |
| DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS OR EXTRA-CURRICULAR ACTIVITIES (Exclude those that indicate race, religion, sex, age, national origin or other protected classification) | | | | | |
| WHAT COMPUTER SKILLS DO YOU HAVE AND WHAT OFFICE MACHINES CAN YOU USE? (IF APPLICABLE) | | | | | |

IV. EMPLOYMENT HISTORY

Please account for all periods of employment, including U.S. Armed Forces experience, periods of travel, and self-employment. List present or last employer first. If more space is needed, please use an additional application.

| | | | | | |
|--|---------------------------|---------------------|------------|--------------------|------------|
| NAME OF EMPLOYER | | ADDRESS OF EMPLOYER | | DATE EMPLOYED | |
| | | | | FROM | TO |
| | | | | / | / |
| | | | | MONTH YEAR | MONTH YEAR |
| TELEPHONE OF EMPLOYER | SUPERVISOR'S NAME & TITLE | | DEPARTMENT | | |
| YOUR POSITION OR TITLE | | YOUR SALARY | | REASON FOR LEAVING | |
| MAY WE CONTACT EMPLOYER? <input type="checkbox"/> NOW <input type="checkbox"/> AT A LATER DATE <input type="checkbox"/> NOT AT ALL | | | | | |

| | | | | | |
|--|---------------------------|---------------------|------------|--------------------|------------|
| NAME OF EMPLOYER | | ADDRESS OF EMPLOYER | | DATE EMPLOYED | |
| | | | | FROM | TO |
| | | | | / | / |
| | | | | MONTH YEAR | MONTH YEAR |
| TELEPHONE OF EMPLOYER | SUPERVISOR'S NAME & TITLE | | DEPARTMENT | | |
| YOUR POSITION OR TITLE | | YOUR SALARY | | REASON FOR LEAVING | |
| MAY WE CONTACT EMPLOYER? <input type="checkbox"/> NOW <input type="checkbox"/> AT A LATER DATE <input type="checkbox"/> NOT AT ALL | | | | | |

| | | | | | |
|--|---------------------------|---------------------|------------|--------------------|------------|
| NAME OF EMPLOYER | | ADDRESS OF EMPLOYER | | DATE EMPLOYED | |
| | | | | FROM | TO |
| | | | | / | / |
| | | | | MONTH YEAR | MONTH YEAR |
| TELEPHONE OF EMPLOYER | SUPERVISOR'S NAME & TITLE | | DEPARTMENT | | |
| YOUR POSITION OR TITLE | | YOUR SALARY | | REASON FOR LEAVING | |
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|--|---------------------------|---------------------|------------|--------------------|------------|
| NAME OF EMPLOYER | | ADDRESS OF EMPLOYER | | DATE EMPLOYED | |
| | | | | FROM | TO |
| | | | | / | / |
| | | | | MONTH YEAR | MONTH YEAR |
| TELEPHONE OF EMPLOYER | SUPERVISOR'S NAME & TITLE | | DEPARTMENT | | |
| YOUR POSITION OR TITLE | | YOUR SALARY | | REASON FOR LEAVING | |
| MAY WE CONTACT EMPLOYER? <input type="checkbox"/> NOW <input type="checkbox"/> AT A LATER DATE <input type="checkbox"/> NOT AT ALL | | | | | |

| | | | | | |
|--|---------------------------|---------------------|------------|--------------------|------------|
| NAME OF EMPLOYER | | ADDRESS OF EMPLOYER | | DATE EMPLOYED | |
| | | | | FROM | TO |
| | | | | / | / |
| | | | | MONTH YEAR | MONTH YEAR |
| TELEPHONE OF EMPLOYER | SUPERVISOR'S NAME & TITLE | | DEPARTMENT | | |
| YOUR POSITION OR TITLE | | YOUR SALARY | | REASON FOR LEAVING | |
| MAY WE CONTACT EMPLOYER? <input type="checkbox"/> NOW <input type="checkbox"/> AT A LATER DATE <input type="checkbox"/> NOT AT ALL | | | | | |

V. OUTSIDE ORGANIZATIONS

ARE YOU AFFILIATED WITH ANY OTHER COMPANY THAT REQUIRES WORK OF YOU? Yes No

IF YES, PLEASE EXPLAIN

ARE YOU ENGAGED IN ANY PERSONAL BUSINESS OR ENTERPRISE? Yes No

IF YES, PLEASE EXPLAIN

IN WHAT BUSINESS, PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS DO YOU HOLD MEMBERSHIP? Exclude those that indicate race, religion, sex, age, national origin or other protected classification.

WHAT PROFESSIONAL LICENSES DO YOU HOLD?

DESCRIBE ANY OTHER EXPERIENCE THAT MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION. (Other work experience, internships, school activity, apprenticeships, etc.)

VI. REFERENCES Exclude relatives but provide three (3) persons not previously mentioned who are most familiar with your work, ability and training.

| NAME | RELATIONSHIP | POSITION | ADDRESS | TELEPHONE |
|------|--------------|----------|---------|-----------|
| | | | | |
| | | | | |
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VII. ESSENTIAL FUNCTIONS **DO NOT ANSWER THIS QUESTION WITHOUT FIRST REVIEWING THE JOB DESCRIPTION**

ARE YOU ABLE TO PERFORM THE ESSENTIAL REQUIREMENTS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMODATION? Yes No

VIII. RELEASE OF APPLICATION

IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWNSHIP, DO YOU WISH YOUR APPLICATION TO BE DISCLOSED? Yes No

IX. 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 as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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.

I understand that misrepresentation or omission of facts called for is basis for Township refusal to process application further or, in the event of employment, cause for dismissal. I fully and completely understand that as a condition of employment, I must be able to perform all the duties of the position applied for. I also understand that if employed, by the township, I must abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER