# BOROUGH OF ATLANTIC HIGHLANDS Date: \_\_\_\_\_\_\_ 100 FIRST AVENUE, ATLANTIC HIGHLANDS, NJ 07716

## **Employment Application:**

Applicant Information:
Name (Last, First, Middle):
Address:
City/Town:
City/Town: (Home): ( )
Social Security Number:
Position applied for:
Have you ever applied to the (local unit type) before: YesNo 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:YesNo May we contact you at work:YesNo
May we contact your current employer:YesNo
Are you currently on layoff status and subject to recall:YesNo
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:
If you are under eighteen years of age, can you provide proof of eligibility to work:No
Are you legally eligible to work in the United States of America:YesNo

The Borough of Atlantic Highlands is an Equal Opportunity Employer

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 space on this form marked comments located on the bottom of this page.

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### **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.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

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

Language:	Speak Some:	Speak Fluently:	Read:	Write:
¥				

Special Skills & Experience: State a certifications or other factors that make you es are applying.	
Comments & Additional Information: we should consider?	Is there any additional information about you
	•

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should <u>not</u> be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:

#### **Understandings and Agreements:**

As an applicant for a position with the Borough of Atlantic Highlands, 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 Borough of Atlantic Highlands later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough of Atlantic Highlands 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 Borough of Atlantic Highlands the right to secure additional job-related information about me. I release the Borough of Atlantic Highlands and its representatives from all liability for seeking such information. I understand that the Borough of Atlantic Highlands is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough of Atlantic Highlands 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 Borough of Atlantic Highlands may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough of Atlantic Highlands may make any assurances to the contrary. I understand that any offer of employment may be subject to jobrelated medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. For your application to be considered you

must sign and date below.	For your application to be considered, you
Applicant's Signature	Date

## **Voluntary Affirmative Action Information**

You are not required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program

Applicant Information:		
Address:		<del></del>
City/town:		-
Phone: ( )	Position Applied	For:
	t this position?Advertisemen k-inOther Explain	
Information Regarding Sta Gender:Male		
White Hispanic	tunity identification groups: African-American (non-Hispanic American Indian/Alaskan nati IslanderOther	ive
Other protected Groups:Individual wi	th a disability veteran (served between 1964 and	
	or Borough of Atlantic Highlands us	
Hired: _Yes _No Position		Date
1. Officials and Managers	a best describes the position for whice 4. Sales workers 5. Office and clerical workers 6. Craft workers (skilled)	7. Operators( semi-skilled) 8. Laborers (unskilled)
(local unit type) Official	nit type) Official Date	
This page for	Borough of Atlantic Hig Results of interview	hlands use only!
Interviewer:		
Date:	Time:	