TOWNSHIP OF DELANCO
770 Coopertown Rd. **Date: _____**
Delanco, NJ 08075

Employment Application:

Applicant Information:

Name (Last, First, Middle): _____
Address: _____
City/Town: _____
Phone (Work): ( )_____ (Home): ( )_____
Social Security Number: _____ - ____ -_____

Position applied for: _____

Have you ever applied to the (local unit type) 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: _____
If you are under eighteen years of age, can you provide proof of eligibility to work: ___ 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.

The Township is an Equal Opportunity Employer M/F

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.**

Employer: **Address:**	**Date started:** **Date left:**	**Work performed/ responsibilities:**
Job Title:		
Reason for leaving:		
Supervisor's name and phone number: **May we contact for a reference: ___Yes ___No**		
Employer: **Address:**	**Date started:** **Date left:**	**Work performed/ responsibilities:**
Job Title:		
Reason for leaving:		
Supervisor's name and phone number: **May we contact for a reference: ___Yes ___No**		
Employer: **Address:**	**Date started:** **Date left:**	**Work performed/ responsibilities:**
Job Title:		
Reason for leaving:		
Supervisor's name and phone number: **May we contact for a reference: ___Yes ___No**		
Employer: **Address:**	**Date started:** **Date left:**	**Work performed/ responsibilities:**
Job Title:		
Reason for leaving:		
Supervisor's name and phone number: **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.**

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 any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.**

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

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 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 Township later discovers that information on this form was incomplete, untrue, or inaccurate. I give the 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 Township the right to secure additional job-related information about me. I release the Township and its representatives from all liability for seeking such information. I understand that the Township is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township will make reasonable accommodations as required by the Americans with Disabilities Act and New Jersey Law Against Discrimination. I understand that, if employed, I may resign at any time and that the Township may terminate me at any time in accordance with its established policies and procedures. No representatives of the 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. ***For your application to be considered, you must sign and date below.***

Applicant's Signature _____ Date _____

For Township use only

Hired: __Yes __No Position _____ Date _____

Which EEO job classification best describes the position for which the applicant applied?

1. Officials and Managers	**4. Sales workers**	**7. Operators (semi-skilled)**
2. Professionals	**5. Office and clerical workers**	**8. Laborers (unskilled)**
3. Technicians	**6. Craft workers (skilled)**	**9. Service workers**

(local unit type) Official_____ Date_____

This page for Township use only!
Results of interview

Interviewer:

_____

Date: _____Time: _____