

APPLICATION FOR EMPLOYMENT

Administration Building: One Collyer Lane, Basking Ridge, NJ 07920 Fax 908-204-3015

The Township of Bernards considers applicants for all positions without regard to race, creed, color, religion, national origin, civil union status, gender identity or expression, age, marital or political status, disability or handicap, sex or sexual orientation or any other category protected by federal, state or local law or regulation.

(Please clearly print or type all information) Application Date: Name: _____ Position Applied For: Department: A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY. Instructions for completing this application: Resumes can be submitted with the application however all questions on this application must be fully answered. Do not indicate "See Resume" on any part of this application and then leave sections blank. This application requests more information that can be obtained from a resume. If a question does not apply, please write N/A Please indicate the specific position for which you are applying. If you are not applying for a specific job opening, please provide some indicator of the type of work for which you are looking (ex. Administrative, management) and/or the department of interest (ex. Clerk, Finance). Do not abbreviate the name of your employers or education. Provide complete addresses and telephone numbers for all employers, and references. Be sure to sign and date this application. All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law. PLEASE NOTE: Due to the large number of applications we receive, only those candidates being considered for an interview will be contacted. 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: _____

I. PERSO	NAL							
LAST NAME		FIRST	MID	DLE				
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE , ZIP CODE)				TELEPHONE N	TELEPHONE NUMBER			
PERMANENT ADD	RESS (IF DIFFERENT THAN PRES	TELEPHONE N	TELEPHONE NUMBER – CELL					
ARE YOU 18 YEARS OF AGE OR OLDER? (If no, you will be required to show proof of eligibility to work.)					☐ No			
	Y ELIGIBLE TO WORK IN THE UN	☐ Yes	☐ No					
required upon em		EDNADDS TOWAS UP						
NAME OF RELATI	ve or friends employed by B	EKIVAKUS TOWNSTIP						
HAVE YOU EVER I	BEEN EMPLOYED BY BERNARDS	☐ Yes	☐ No					
II DOCIT	TON AND DEDCOMA	LINTERFECTO						
POSITION	ION AND PERSONA	L TIMIEKESIS		SALARY DESIRE)			
APPLIED FOR						\$ PER		
RE YOU EMPLOYED NOW? DATE AVAILABLE TO START WORK					HOW WERE YOU REFERRED TO US?			
Yes	☐ No							
WHAT KIND OF W	Vork do you generally prefe	ER? (INTERESTS AND CAREER OBJECTIVES)						
COMPLETE IF DRI	IVING IS AN ESSENTIAL PART OF	THE JOB BEING APPLIED FOR						
DO YOU HAVE A	/ALID DRIVER'S LICENSE?	☐ Yes ☐ No						
PLEASE SIGN TO	L INDICATE YOUR AUTHORIZATIO	N FOR THE TOWNSHIP TO PERFORM A RECOR	RD CHECK OF THE DIVISION	OF MOTOR VEHICLES'	FILES, UPON AN OF	FER OF		
EMPLOYMENT BY	THE TOWNSHIP:							
III. FDUC	ATION AND TRAIN	ING						
SCHOOL			COURSE	CIRCLE LAST YEAR	DID YOU	LIST DIPLOMA		
	N/P	ME AND ADDRESS OF SCHOOL	OF STUDY	COMPLETED	GRADUATE?	OR DEGREE		
HIGH SCHOOL				0 10 11	∐ Yes			
OR EQUIVALENT				9 10 11 12	∐ No			
TECHNICAL OR					Yes			
COMMERCIAL				1 2 3 4	☐ No			
					☐ Yes			
COLLEGE				1 2 3 4	☐ No			
OTHER					☐ Yes			
(SPECIFY)				1 2 3 4	☐ No			
ARE YOU TAKING	ANY COURSE OF STUDY NOW?	IF YES, PROVIDE DETAILS:	·	DATE TO BE COMPLET	ED			
☐ Yes	☐ No							
LIST ANY SCHOLA	ASTIC HONORS, HONORARY SOC	IETIES, FELLOWSHIPS AND SCHOLARSHIPS.						
DESCRIBE ANY SE	PECIALIZED TRAINING, APPRENT	ICESHIP, SKILLS OR EXTRA-CURRICULAR ACT	TVITIES (i.e. EMT or fire figh	nting training and partici	pation, etc.) Exclud	e those that		
indicate race, relig	gion, sex, age, national origin or o	other protected classification.						
IF YOU HAVE EMT	OR FIRE FIGHTING CERTIFICAT	TION, WOULD YOU BE WILLING TO VOLUNTER	ER FOR THE TOWNSHIP DUF	RING YOUR WORKDAY?	Yes	No		
WHAT COMPUTER	R SKILLS DO YOU HAVE AND WHA	AT OFFICE MACHINES CAN YOU USE? (IF APP	PLICABLE)					

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 desired, please use an additional application. NAME OF EMPLOYER ADDRESS OF EMPLOYER DATE EMPLOYED FROM ТО / MONTH YEAR MONTH YEAR TELEPHONE OF EMPLOYER SUPERVISOR'S NAME & TITLE DEPARTMENT YOUR POSITION OR TITLE: REASON FOR LEAVING: MAY WE CONTACT EMPLOYER? NOW [AT A LATER DATE [] 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: REASON FOR LEAVING: MAY WE CONTACT EMPLOYER? NOW [AT A LATER DATE [] 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: REASON FOR LEAVING: MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL [] NAME OF EMPLOYER ADDRESS OF EMPLOYER DATE EMPLOYED FROM TO MONTH YEAR MONTH YEAR SUPERVISOR'S NAME & TITLE TELEPHONE OF EMPLOYER DEPARTMENT YOUR POSITION OR TITLE: REASON FOR LEAVING: MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL [] NAME OF EMPLOYER ADDRESS OF EMPLOYER DATE EMPLOYED FROM ТО / / MONTH YEAR MONTH YEAR TELEPHONE OF EMPLOYER SUPERVISOR'S NAME & TITLE DEPARTMENT YOUR POSITION OR TITLE: REASON FOR LEAVING:

AT A LATER DATE []

NOT AT ALL []

MAY WE CONTACT EMPLOYER?

NOW []

ARE YOU AFFILIATED WITH ANY OTHER COMPANY THAT REQUIRES WORK OF YOU? YES NO PYES, PLASE EDMAN MIN WHAT BUSINESS, PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS DO YOU HOLD MEMBERSHIP? Excluse those that indicate race, religion, see, age, national organ or other protect desaffication. WHAT PROFESSIONAL LICENSES DO YOU HOLD? WITH PROFESSIONAL LICENSES DO YOU HOLD? WHAT PROFESSIONAL LICENSES DO YOU HOLD? WH	V. OUTSIDE ORGANIZA	ATIONS			
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Signature of Applicant: Date:					