

**Township of Washington**  
**523 Egg Harbor Road**  
**Sewell, New Jersey 08080**

Date: \_\_\_\_\_

**EMPLOYMENT APPLICATION**

<b>Application Information:</b> Name (Last, First, Middle): _____ Address: _____ City/Town: _____ Phone (Work): (    ) _____ (Home): (    ) _____ Social Security Number: _____ - _____ - _____
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Position applied for: \_\_\_\_\_

Have you ever applied to Washington Township 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.

Washington 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 services. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer:	Date started:	Date left:	Work performed/responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date left:	Work performed/responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date left:	Work performed/responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
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Supervisor's name and phone number:			
May we contact for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date left:	Work performed/responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Comments:**

**Education:** Provide information on your formal schooling and education. Include secondary and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major 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	

**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.

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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.

Name & Address:	Phone Number:	Years Known:

**Understandings and Agreements:**

As an applicant for a position with the Township of Washington, 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 or 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** \_\_\_\_\_