



City of Asbury Park
One Municipal Plaza
Asbury Park, NJ 07712
(732) 775-2100

Application for Employment

Please print accurate answers for all of the following questions to the best of your ability. A resume shall not be accepted in lieu of this application, however a resume should be attached to the application, if applicable. Applicants requiring accommodations related to completion of this application should request them in advance of submission deadlines.

POSITION(S) APPLIED FOR:

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PERSONAL INFORMATION

NAME (Last, First, Middle)

Driver's License Number/State (if possessed):

Home Phone:

Mobile Phone:

Email Address:

CURRENT ADDRESS:
Number & Street

City

State

Zip Code

QUESTIONNAIRE

Are you seeking full-time part-time seasonal or temporary employment?

Date(s) you can start working: _____

Are you eligible to work in the United States? Yes No

Have you applied for employment with the City of Asbury Park before?

Yes (If yes, specify in explanation block below) No

Do you have any relatives currently employed by the City of Asbury Park? Yes (If yes, specify in explanation block below) No

Explanations: (Use this block for explanations to questions. Attach additional sheets if necessary)

MILITARY EXPERIENCE (Please complete this section or attach resume.)Are you a veteran? Yes No

If yes, duty/specialized training:

EDUCATION (Please complete this section or attach resume.)

	Institution Name	Years Completed	Field of Study	Graduate or Degree
High School				
College/University				
Business/Technical				
Additional/Other				

EMPLOYMENT HISTORY (Please complete this section or attach resume.)

List your previous four (4) employers, assignments or volunteer activities, beginning with the most recent. Include summer or temporary jobs, if applicable.

Employer name and address:	Position title/duties, skills:	Start date:
		End date:

Supervisor: Title: Phone Number:

Employer name and address:	Position title/duties, skills:	Start date:
		End date:

Supervisor: Title: Phone Number:

Employer name and address:	Position title/duties, skills:	Start date:
		End date:

Supervisor: Title: Phone Number:

Employer name and address:	Position title/duties, skills:	Start date:
		End date:

Supervisor: Title: Phone Number:

May we contact current employer? Yes No

SKILLS AND QUALIFICATIONS (Please complete this section or attach resume.)

Qualifications such as skills (including supervisory skills), abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations (Please attached all certificates, if applicable):

Please list all languages that you speak and/or write fluently:

REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years Known
Name	Address	Telephone	Occupation	Years Known

CERTIFICATION

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true and accurate. It is understood and agreed that any omission or misrepresentation by me of any fact in this application, or during any interview, will be sufficient cause for the cancellation of this application and/or separation from this employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release, from liability, the employer and its representatives from seeking such information, and all other persons, corporations, or organizations for furnishing such information.

I understand that I will be required to undergo a physical examination that may include, but not be limited to, health history, health screenings, medical evaluation, and drug testing, in order to determine my physical and mental fitness to perform with reasonable accommodation in the position sought.

I understand that upon offer of employment, the City of Asbury Park will conduct a background check. I also understand that employment is contingent upon passing the a background check and medical exam including drug testing. Failure of either will result in revocation of the offer of employment.

This employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. This employer will endeavor to make reasonable accommodations as required by law for known physical, medical, or mental limitations of an otherwise qualified applicant with a disability unless doing so would impose undue hardship on the operation of our business.

This application is current for only sixty (60) days. At the conclusion of this time, if you have not heard from this employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that this application does not represent an offer of, or a contract for, employment. I understand that no representative of the employer has the authority to make any assurances to the contrary.

Signature of Applicant

Date