## LIBERTY TOWNSHIP 349 Mountain Lake Road

Date:	

## Great Meadows, New Jersey 07838

## **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: 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:YesNoNoNoNo
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: YesNo
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 of Liberty 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:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:	4	
Job Title:	Starting Salary.		
	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference:Yes	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: Yes	No		
May we contact for a reference:YesYes	Date started:	Date left:	Work performed/
	Date started:	Date left.	responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference:Yes	No		•
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:			responsibilities.
	Starting Salary:		
Job Title:	Final Salary:		
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:

_	ations or other	Experience: factors that make		_		_	<u> </u>	
	nents & Add	ditional Inforn	nation: I	s there any	y additiona	al informat	ion about	you we

**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 Liberty, 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 of Liberty later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township of Liberty 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 of Liberty the right to secure additional job-related information about me. I release the Township of Liberty and its representatives from all liability for seeking such information. I understand that the Township of Liberty is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Liberty 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 of Liberty may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Liberty 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	

Adopted by the Liberty Township Committee 1 September 2016