

Employment Application
ROBBINSVILLE TOWNSHIP

An Equal Opportunity Employer

The Township of Robbinsville is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

Applicant Information

Applicant Name _____

Home Phone _____

Other _____

Email Address _____

Current Address: _____

City _____

State & Zip _____

How were you referred to Robbinsville Township: _____

Employment Positions

Position(s) applying for: _____

Are you applying for:

- Temporary work – such as summer or holiday work? Y or N
- Regular part-time work? Y or N
- Regular full-time work? Y or N

What days and hours are you available for work? _____

If applying for temporary work, when will you be available?

If hired, on what date can you start working? ____ / ____ / ____

Can you work on the weekends? Y or N

Can you work evenings? Y or N

Are you available to work overtime? Y or N

Salary desired: \$ _____

Personal Information:

Have you ever applied to / worked for Robbinsville Township before? Y or N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Robbinsville Township?

Y or N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? Y or N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Y or N

If hired, would you be able to present evidence that you legally can work in the United States? Y or N

If hired, are you willing to submit to and pass a controlled substance test? Y or N

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Y or N

If no, describe the functions that cannot be performed

(Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Y or N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

High School:

School name: _____

School address: _____

School city, state, zip: _____

of years completed: _____

EMPLOYMENT HISTORY:

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

EMPLOYER	DATE EMPLOYED	DUTIES PERFORMED
ADDRESS	FROM	
	TO	
Telephone Number(s)	HOURLY RATE/ SALARY	
Job Title Supervisor	Starting \$	
Reason for Leaving	Ending \$	

2.

EMPLOYER	DATE EMPLOYED	DUTIES PERFORMED
ADDRESS	FROM	
	TO	
Telephone Number(s)	HOURLY RATE/ SALARY	
Job Title Supervisor	Starting \$	
Reason for Leaving	Ending \$	

3.

EMPLOYER	DATE EMPLOYED	DUTIES PERFORMED
ADDRESS	FROM	
	TO	
Telephone Number(s)	HOURLY RATE/ SALARY	
Job Title Supervisor	Starting \$	
Reason for Leaving	Ending \$	

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Township of Robbinsville that such employment with the Township of Robbinsville is at will, for no specified duration and may be terminated by either the Township of Robbinsville or myself at any time, with or without cause or notice.

I understand that none of the documents, policies, procedures, actions, statements of the Township of Robbinsville or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the Township of Robbinsville except the Township Administrator has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Township Administrator.

I understand that if offered a position with the Township of Robbinsville, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment.

I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Township of Robbinsville and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature of applicant

Date