

EMPLOYMENT APPLICATION

ROBBINSVILLE TOWNSHIP

Mercer County, New Jersey

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status. **We are an equal opportunity employer.**

(Please **print** all information clearly)

Last Name	First Name	MI	Date of Application		
Address	Number	Street	City	State	Zip Code
(____) _____	____/____/____		_____		
Telephone Number		Social Security Number		Marital Status	

Are you presently prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES

NO

Have you ever filed an application with us before? YES

NO

Have you ever been employed with us before? YES

NO

Are you currently employed? YES

NO

May we contact your current employer? YES

NO

On what date would you be available to start work? _____

Are you available to work: Part-Time Full-Time Temporary

Would you agree to a background check? YES

NO

Would you agree to a pre-employment physical? YES

NO

Have you been convicted of a felony within the past 7 years? YES

NO

*If yes, please explain _____

EDUCATION:	Name and Address of School	Course of Study	Years	Degree or
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			Attended	Diploma
Elementary School				
High School				
College or Graduate School				
Other (Specify)				

COMPUTER SKILLS:

Please check each program that you are familiar with and explain the extent of your experience with each program:

- Windows '95: _____
- Word: _____
- Excel: _____
- Access: _____

QUALIFICATIONS:

Please summarize any specialized training, apprenticeship, skills, and/or extra-curricular activities which you will feel may be helpful to us in considering your application:

PERSONAL REFERENCES:

Please list three (3) personal references of individuals who are not related to you.

1. _____

(Name)
(Phone Number)

(Address)

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	
		\$

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Robbinsville Township is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that his "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Robbinsville Township.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

(Signature of Applicant)

(Date)