

TOWNSHIP OF WEST ORANGE

APPLICATION FOR EMPLOYMENT

Return To: TOWNSHIP OF WEST ORANGE
 PERSONNEL DEPARTMENT, ROOM 112
 66 MAIN STREET
 WEST ORANGE, N.J. 07052

Date: _____

This application is NOT to be used for police officer and/or firefighter entry level positions within the Township of West Orange. Applications for those two public safety positions will only be provided upon successful completion of the New Jersey Department of Personnel testing process or through the New Jersey Department of Personnel Intergovernmental Transfer Program.

PLEASE TYPE OR PRINT CLEARLY!

1. _____

LAST NAME
FIRST NAME
MIDDLE NAME

2. _____

HOME TELEPHONE
CELL/MOBILE TELEPHONE

3. Are you legally authorized to work in the United States? Yes No
 (You will be required to provide proof of your ability to work in the US after hire.)

4. Current Address _____

##
STREET NAME
CITY
STATE
ZIP

How long at this address? _____

5. Previous Address _____

##
STREET NAME
CITY
STATE
ZIP

How long at this address? _____

6. Position Applied For _____

7. Are you able to perform the functions of the position that you are applying for either with or without an accommodation based on the job description? Yes No

8. How did you learn of the position? _____

9. Date you can begin employment? _____

10. Salary Desired? _____

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(NOTE: This next section for driver's license information (including CDL License) is only required when the job title you are seeking requires a driver's license.)

11. Driver's License # _____ State _____

12. Has your driver's license privileges ever been suspended/revoked in this or any other state? Yes No

13. If yes, provide details:

14. Do you have a Commercial Driver's License (CDL)? Yes No

If yes, list endorsements: _____

15. Have you ever received a **moving** violation traffic ticket? Yes No

If yes, provide information on each and every summons:

Date	Charge/Violation	Jurisdiction	Penalty

16. Have you ever previously applied for a Township of WO position? Yes No

17. If yes, provide details:

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18. Have you ever been convicted of a crime(s)? Yes No
(NOTE: A conviction does NOT automatically exclude you from employment!)

19. If yes, provide date of conviction and crime/offense:

20. List three (3) references of non-relatives who you have known for at least one (1) year:

a. Reference #1 _____

Home Address _____

Telephone _____

Home	Work	Cell
------	------	------

How long have you known this person? _____

b. Reference #2 _____

Home Address _____

Telephone _____

Home	Work	Cell
------	------	------

How long have you known this person? _____

c. Reference #3 _____

Home Address _____

Telephone _____

Home	Work	Cell
------	------	------

How long have you known this person? _____

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21. List all current and former employers, including full-time, part-time, and seasonal. List employers in reverse chronological order beginning with your present employer and work backwards. If you were discharged or were requested to resign by an employer, answer so in the Reason for Leaving section

a. Current Employer: _____

Address _____
Street City State Zip

Telephone # _____ Full Time Part Time

Employed from: _____ to _____

Position/Title _____ Supervisor's Name _____

Hours per week _____

Reason for leaving _____

b. Employer #2: _____

Address _____
Street City State Zip

Telephone # _____ Full Time Part Time

Employed from: _____ to _____

Position/Title _____ Supervisor's Name _____

Hours per week _____

Reason for leaving _____

c. Employer #3: _____

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Address

Street City State Zip

Telephone # _____ Full Time Part Time

Employed from: _____ to _____

Position/Title _____ Supervisor's Name _____

Hours per week _____

Reason for leaving _____

d. Employer #4: _____

Address

Street City State Zip

Telephone # _____ Full Time Part Time

Employed from: _____ to _____

Position/Title _____ Supervisor's Name _____

Hours per week _____

Reason for leaving _____

e. Employer #5: _____

Address

Street City State Zip

Telephone # _____ Full Time Part Time

Employed from: _____ to _____

Position/Title _____ Supervisor's Name _____

Hours per week _____

Reason for leaving _____

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22. Special licenses or skills? (typing, steno, trade, etc.) 1. YES NO

Please list: (continue on back if necessary)

I understand that as a condition of employment, I may be required to take and pass an employment physical examination and drug screening examination. Such examination will be performed after a conditional job offer has been made, but prior to starting work.

I hereby authorize the Township of West Orange to verify all of the information that I have provided including, but not limited to checking my criminal history, checking my driving record, verifying my residency, references, and work record.

I understand that any misrepresentation or omission of facts on this application is sufficient cause for denial of employment and that any misrepresentation or omission of facts on this application discovered after accepting employment is cause for dismissal.

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I understand that the Township of West Orange is an “at will” employer consistent with applicable Federal and State law, including the New Jersey Civil Service Act, and New Jersey Department of Personnel Rules.

I understand that employment with the Township of West Orange is not for a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice, consistent with applicable law.

Signature: _____ Date: _____

For Township Use Only:

Interviewed by: _____ Date: _____

Comments: _____
