



Borough of Beach Haven
300 Engleside Ave.
Beach Haven, NJ 08008

Employment Application

Date: ____/____/____

Applicant Information

Full name: _____ **Social Security No.:** _____
Last First M.I.

Address: _____
Street address, Apt./Unit # City State Zip Code

Phone: _____ **Email:** _____

Position Applied for: _____ **Date Available:** _____ **Desired Salary:** \$ _____

Are you either a citizen of the United States or otherwise authorized to work in the U.S.? ___ Y ___ N

Have you ever worked for this company? ___ Y ___ N **If yes, when/what capacity?** _____

Do you possess a current driver's license? ___ Y ___ N **If yes, DL#:** _____

Have you been convicted of an offense involving or touching on, any public office, position, or employment in which you have served? This means that the offense was related directly to your performance in, or circumstances flowing from, the specific public office, position, or employment that you held. ___ Y ___ N

Education

High School: _____

Name Address
From: _____ **to** _____ **Did you graduate?** ___ Y ___ N **Diploma:** _____

College: _____

Name Address
From: _____ **to** _____ **Did you graduate?** ___ Y ___ N **Degree:** _____

Other: _____

Name Address
From: _____ **to** _____ **Did you graduate?** ___ Y ___ N **Degree:** _____

Other: _____

Name Address
From: _____ **to** _____ **Did you graduate?** ___ Y ___ N **Degree:** _____

Professional References (Please list three)

1. Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

2. Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

3. Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

1. Company: _____ Phone: _____

Address: _____ Job Title: _____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

Supervisor: _____ May we contact previous supervisor for a reference? ___ Y ___ N

2. Company: _____ Phone: _____

Address: _____ Job Title: _____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

Supervisor: _____ May we contact previous supervisor for a reference? ___ Y ___ N

3. Company: _____ Phone: _____

Address: _____ Job Title: _____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

Supervisor: _____ May we contact previous supervisor for a reference? Y N

Military Service

Branch: _____ From: _____ to _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Special Skills & Experience

List any special skills, experience, training, licenses, certifications, or other factors that make you especially qualified for the position for which you are applying: _____

Understanding & Agreements

As an applicant for a position with the Borough of Beach Haven, I understand 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 Borough of Beach Haven later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough of Beach Haven the right to investigate the information I have provided and talk with former employers (except where I have indicated they may not be contacted). I give the Borough of Beach Haven the right to secure additional job-related information about me. I release the Borough of Beach Haven and its representatives from all liability for seeking such information. I understand that the Borough of Beach Haven is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough of Beach Haven will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Borough of Beach Haven may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough of Beach Haven 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.*

Signature: _____ Date: _____