

Borough of Ship Bottom

1621 Long Beach Blvd., Ship Bottom, New Jersey 08008

Date: _____

The Borough of Ship Bottom is an Equal Opportunity Employer

Employment Application:

Applicant Information:	
Name: (Last, First, Middle): _____	
Address: _____	
City, State, Zip: _____	
Phone (Home): _____	(Cell): _____
(Work): _____	(Other): _____
Social Security Number: _____ — _____ — _____	

Position applying for: _____

Have you ever applied in the Borough of Ship Bottom before: Yes No

If "Yes", date: _____

Date you can start: _____ Salary Desired: \$ _____

Are you able to work: Full Time Part Time Shift work Temporary

Are you currently employed: Yes No May we contact you at work: Yes No

May we contact your employer: Yes No

Are you currently on layoff status and subject to recall: Yes No

Do you possess a current commercial driver's license: Yes No

Please list any endorsements: _____

If you are 18 years of age, can you provide proof of eligibility to work: Yes No

Are you legally eligible to work in the United States of America: Yes No

Pursuant to Federal Law, proof of US Citizenship of immigration status will be required if you are hired.

Comments: _____

Employment History: This section must be completed even if you attach a resume. List your last four (4) 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 for comments located on the bottom of this page.

Employer: _____

Date Started: _____ Date Left: _____

Address: _____

Job Title: _____

Work performed/responsibilities: _____

Reason for leaving: _____

Supervisor's name and phone number: _____

May we contact this reference? Yes No

Employer: _____

Date Started: _____ Date Left: _____

Address: _____

Job Title: _____

Work performed/responsibilities: _____

Reason for leaving: _____

Supervisor's name and phone number: _____

May we contact this reference? Yes No

Employer: _____

Date Started: _____ Date Left: _____

Address: _____

Job Title: _____

Work performed/responsibilities: _____

Reason for leaving: _____

Supervisor's name and phone number: _____

May we contact this reference? Yes No

Employer: _____

Date Started: _____ Date Left: _____

Address: _____

Job Title: _____

Work performed/responsibilities: _____

Reason for leaving: _____

Supervisor's name and phone number: _____

May we contact this 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:
Elementary: _____ _____	5 6 7 8	Yes No	N/A
High School: _____ _____	1 2 3 4	Yes No	
College: _____ _____	1 2 3 4	Yes No	
Other: _____ _____	1 2 2 4	Yes No	

Languages: List any foreign languages you know and indicate your level of proficiency.

Language	Speak Some:	Speak Fluently:	Read:	Write:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications, or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

References: Provide names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

Name and Address:	Phone Number:	Years Known:
<hr/> <hr/> <hr/>		
<hr/> <hr/> <hr/>		
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Understanding and Agreements:

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

Applicant's Signature: _____ Date: _____

Conditions of Employment:

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. For your application to be considered, you must sign and date below.

Applicant's Signature: _____ Date: _____

Voluntary Affirmative Action Information

You are not required to provide this information. Failure to provide any of this information will not affect your consideration for a position with the Borough of Ship Bottom. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application.
This information will be used only for purposes of the affirmative action program.

Applicant Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____

Position Applied For: _____

How did you learn about this position? Advertisement Employment Agency

Relative Walk-in Other (explain) _____

Information Regarding Status:

Gender: Male Female

Equal Opportunity identification groups:

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> African-American (non-Hispanic) |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian/ Pacific Islander | <input type="checkbox"/> Other _____ |

Other protected groups:

- Individual with disability Disabled Veteran Vietnam-era Veteran (served between 1964-1975)

For Borough of Ship Bottom use only

Hired: Yes No Position: _____ Date: _____

Which EEO job classification best describes the position for which the applicant applied?

- | | | |
|---------------------------|--------------------------------|-----------------------------|
| 1. Officials and Managers | 4. Sales Workers | 7. Operators (semi-skilled) |
| 2. Professionals | 5. Office and clerical workers | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft workers (skilled) | 9. Service workers |

(local unit type) Official: _____ Date: _____