

TOWNSHIP OF LACEY
818 LACEY ROAD
FORKED RIVER, NJ 08731
(609)693-1100

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position Applied For:

Date:

How did you learn about us? _____ Advertisement _____ Employment Agency

_____ Friend _____ Relative _____ Walk-in _____ Other

Last Name

First

M.I.

Address

Phone: ()

Social Security #:

Do you have a valid NJ Driver's License? :

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ YES _____ NO

Have you ever filed an application with us before? _____ YES _____ NO
If yes, give date _____

Have you ever been employed with us before? _____ YES _____ NO
If yes, give date _____

Are you currently employed? _____ YES _____ NO

May we contact your present employer? _____ YES _____ NO

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? _____ YES _____ NO

On what date would you be available for work? _____

Are you available for work: _____ Full-time _____ Part-time _____ Temporary

Are you currently on "lay-off" status & subject to recall? _____ YES _____ NO

Can you travel if the job requires it? _____ YES _____ NO

EDUCATION

High School

College/University

Graduate/Prof

School Name & Location

Years Completed

1 2 3 4

1 2 3 4

1 2 3 4

Diploma/Degree

Describe Course of Study

Describe any specialized
training, apprenticeship or
skills

Describe any honors
you have received

State any additional
information that may be
helpful to us in considering
your application

List professional, trade or business activities & offices held

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

Have you ever had any job-related training in the United States Military? _____ YES _____ NO

If Yes, please describe

SPECIAL SKILLS AND QUALIFICATIONS

EMPLOYMENT EXPERIENCE

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, handicap or other protected status.

Employer:

Address:

Telephone: ()

Job Title:

Reason for leaving:

Dates Employed

From to

Work Performed: _____

Employer:

Address:

Telephone: ()

Job Title:

Reason for leaving:

Dates Employed

From to

Work Performed: _____

Employer:

Address:

Telephone: ()

Job Title:

Reason for leaving:

Dates Employed

From to

Work Performed: _____

Employer:

Address:

Telephone: ()

Job Title:

Reason for leaving:

Dates Employed

From to

Work Performed: _____

APPLICANT'S STATEMENT

I hereby certify that the statements made by me in this application are true, complete and correct to the best of my knowledge. I understand that any falsification would disqualify me from consideration for a position or constitute grounds for dismissal.

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.*

I understand that a 90 day working probationary period will be in effect in the event employment is offered. I further understand that I must surrender all health insurance cards, Municipal keys and Municipal code books prior to receiving my final paycheck when I cease employment with the Township of Lacey.

I hereby certify that I am in good health and I am free of any infections or contagious disease.

Signature of Applicant

Date

RELEASE AUTHORIZATION

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other institutions and agencies without exception:

I, _____, am making application for an appointment to the TOWNSHIP OF LACEY. As a result an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Township of Lacey or its representative, any and all information, documentary or otherwise pertaining to me, that they may request.

I hereby release, discharge and exonerate the Township of Lacey, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of furnishing, inspection or collection of such documents, records, and other information or the investigation made by the Township of Lacey. A photocopy of this authorization will be considered as effective and valid as the original.

Date: _____

Signature: _____

NOTE TO APPLICANT: This application will be kept on file for one year ONLY! If employed, this application will become part of your permanent file. Lacey Township is governed by the N.J. Civil Service rules and regulations. Most employees and applicants must take and pass a Civil Service examination to obtain permanent employment. Except as otherwise provided by Township code or by law, Lacey limits the eligibility of applicants for positions and employment in the classified service of the Township to bona fide residents (Township Code 85-3).

To the maximum extent permitted by law, the employment practices of Lacey Township shall operate under the legal doctrine known as "employment at will." Within Federal and State law, (including the New Jersey Civil Service Act) and any applicable bargaining unit agreement, Lacey Township shall have the right to terminate an employee at any time and for any reason, with or without notice, except that Lacey Township shall comply with all Federal and State legal requirements requiring notice and an opportunity to be heard in the event of discipline or dismissal.