

TOWNSHIP OF BLOOMFIELD

1 Municipal Plaza
Bloomfield, NJ 07003

Qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, the presence of non-job related medical condition or disability, or any other characteristic protected under federal, state, or local law.

Name and Address

First Name:

MI:

Last Name:

Mailing Address:

City, State, and Zip Code:

Phone (home):

Phone (cell):

Email:

Date:

Job Type

Position Applying for:

Date you can start:

Salary Desired:

Are you available to work...

Full-time

Part-time

Seasonal

Additional Information

Have you ever been employed by this organization in the past?

Yes

No

Are you legally eligible for employment in this country? (Proof of U.S. Citizenship or Immigration status will be required upon employment)

Yes

No

If you are under 18, can you furnish a work permit?

Yes

No

Are you currently on "lay-off" status and subject to recall?

Yes

No

Do you have a valid N.J. Driver's License?

Yes

No

Do you have a CDL License?

Yes

No

Are you related to any Township of Bloomfield Employees?

Yes

No

If yes, who?

Relationship:

Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
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High School

College or Business / Trade School

Military

Have you ever been in the Armed Forces?	Yes	No	Date Entered
Are you now a member of the National Guard?	Yes	No	Discharge Date

Specialty

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Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets, if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? Yes No		

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? Yes No		

Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone Number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer?	Yes	No

References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

3.

4.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for my employment as may be necessary in arriving at an employment decision. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand that my employment is contingent upon a satisfactory physical examination which may include a drug screening and the successful completion of the probation period.

In consideration of my employment, I agree that my employment and compensation could be terminated with or without cause and with or without notice at any time, at the option of either the employer or myself. It is expressly understood that my employment with Township of Bloomfield is at will.

Date:

Signature:

If you have any questions, please call the Personnel Department at 973-680-4007.