

Jown of Kearny 402 Kearny Avenue, Kearny, NJ 07032 www.kearnynj.org

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the organization.

*To be eligible for employment with the Town of Kearny, the following residential preference will apply: Residents of: 1) Town of Kearny & City of Newark 2) Hudson & Essex Counties 3) State of NJ 4) Outside the State

Position applied for: * Laborer - Water De				
* Applications are only accepted fo Last name:	· · · · · · · · · · · · · · · · · · ·			
Address:	Citation Cit			
Telephone #: Home				
Social security # - last 4 digits:	email address:			
Employment type: Seasonal - 35 hours per week Date available:				
Do you have any objection to wo Do you have any objection to wo Have you ever been previously e If you are under 18, can you furn Have you ever been convicted of If yes, please explain (a conviction	rking nights or weekends? Yes No mployed by our organization? ish a work permit if required? Yes No more No			
Drivers license #:How were you referred to us?	CDL: Yes No Endorsement: Employment History			
Please provide all employment	information for your past three (3) employers starting with the most recent.			
Address:	Position held: Telephone #:			
Immediate supervisor and title: Dates employed: From: Reason for leaving:	to From: Salary:			
Employer:	Position held:			
Address:	Telephone #:			
Immediate supervisor and title:				
Dates employed: From:	to From: Salary:			
Applicant's signature				

Employment History Continued				
Employer:		Position held:		
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Immediate supervisor and title				
Dates employed: From:	to From:_		Salary:	
Reason for leaving:				
	Skills			
Computer: List all software/progra	ims and level of proficiency:			
Typing: words per minute				
Other skills and qualifications: Su	ımmarize any job related trair	ning, skills, licenses, certif	icates and/or other qualifications	
Language (s): Other than English	Reading & writing (ch	· · · · · · · · · · · · · · · · · · ·	Verbal (check one)	
	Basic Proficient		Proficient Fluent Fluent	
	Basic Proficient	Fluent Basic	Proficient Fluent	
	Education			
List schools name and location, yes High school:	ars completed, course of study			
College:				
Technical training:				
Other:				
List three (3) references: na	References (must ame, telephone number and ye	* *	e relatives or employers)	
I hereby authorize the potential employer employers, educational institutions and ref gathering and using such information to runderstand that any misrepresentations or rition or immediate termination of employment specified length of employment and that the employer can terminate the relationship at I understand that it is in the policy of this obecause that persons need for a reasonable provide satisfactory proof of identity and required time shall result in immediate terr that I seek employment under these conditions. In order for this application to be control or the position applied for.	ferences. I also hereby release from the make employment decisions and all material omissions made by me on the ent if I am employed, or whenever it is application does not constitute at will, with or without cause, at any the organization not to refuse to hire or accommodation as required by the legal work authorization with three mination of employment. I represent the considered, it must be complete.	In liability the potential employ of other persons or organizations in this application will be sufficient in the may be discovered. If I ame must agreement or contract for emptime, so long as there is no violate otherwise discriminate against ADA. I also understand that if the (3) days of being hired. Faut and warrant that I have read a cely filled out. An incomplet on has an application closing	er and its representatives for seeking, so for providing such information. It cause for cancellation of this applicationary applyed, I acknowledge that there is no ployment. Accordingly, either I or the attion of applicable federal or state law. a qualified individual with a disability of I am employed, I will be required to illure to submit such proof within the and fully understand the foregoing and the application will not be considerable.	
Applicant's signature		Date		



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This information on this form is used solely for aggregate statistical purposes. No information on this form is used in any decision regarding hiring, promotions, or terms and conditions of employment. DO NOT write your name or any other personal information on this form.

The Town of Kearny is an Equal Employment Opportunity Employer.

Position applied for:			
Please identify your ethnic/racial ba	ckground:		
	Black		
	White		
	Hispanic		
	Asian		
	American Indian		
	Other		
How did you learn of the job openin	ng. Check all that apply and provide specific to the extend you recall		
Newspaper ad. Which	newspaper:		
Unemployment Office.	Unemployment Office. Which location:		
Community College. V	Community College. Which college:		
One Stop career center	One Stop career center. Which location:		
Urban League. Which	Urban League. Which location.		
County Work Force of	County Work Force office. Which location:		
Goodwill Industries.	Which location.		
Web site. Which web	site:		
NJ League of Municipa	alities		
Friend / Other. Please	Friend / Other. Please specify:		
Poster in municipal bui	ilding		