

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

applied for: * Tublic Sarcty 1C * Applications are only accepted for	elecommunicator To positions that are being advertised	Date:		
Last name:		name:		
Address:		State, Zip		
Telephone #: Home		one #: Cell		
Social security # - last 4 digits:		email address:		
Employment type: Part time only		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	orking weekends, nights, how imployed by our organization is has work permit if require	lidays? Yes No No On? Yes No		
Drivers license #:		CDL: Yes No Endorsement:		
How were you referred to us?				
*	Employment Historinformation for your past three CLUDE employment with the	e (3) employers starting with the most recent.		
Immediate supervisor and title:				
Dates employed: From:				
Reason for leaving:				
Employer:		Position held:		
Address:		Telephone #:		
Immediate supervisor and title:				
Dates employed: From:	to From:	Salary:		

Employment History Continued				
Employer:	Position held: Telephone #:			
4 11				
Immediate supervisor and title				
Dates employed: From:	to From:	Salary:		
Reason for leaving:				
	Skills			
Computer: List all software/progra	ms and level of proficiency:			
Do you have experience dispatchin	g emergency vehicles? Yes	No 🗌		
Other skills and qualifications: Su	mmarize any job related training,	skills, licenses, certificates an	nd/or other qualifications	
Language (s): Other than English	Reading & writing (check of	´— —	(check one)	
			icient Fluent Fluent	
		ent Basic Prof	icient Fluent Fluent	
	Education			
List schools name and location, year High school:	ars completed, course of study and			
College:				
Technical training:				
Other:				
List three (3) references: na	References (must be same, telephone number and years leading)	* * /	res or employers)	
	ferences. I also hereby release from liab make employment decisions and all other material omissions made by me on this appent if I am employed, or whenever it may application does not constitute an agrewill, with or without cause, at any time, so organization not to refuse to hire or other accommodation as required by the ADA legal work authorization with three (3) mination of employment. I represent and ons.	idility the potential employer and its repersons or organizations for proven plication will be sufficient cause for be discovered. If I am employed, I seement or contract for employment, so long as there is no violation of a wise discriminate against a qualifier. I also understand that if I am endays of being hired. Failure to seement or contract for employment, and the seement or contract for employment. I also understand that if I am endays of being hired. Failure to seement or contract for employees warrant that I have read and fully the seement of the	representatives for seeking, riding such information. If cancellation of this applica-acknowledge that there is no Accordingly, either I or the oplicable federal or state law. It is individual with a disability oployed, I will be required to ubmit such proof within the understand the foregoing and action will not be consid-	
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 appl	ied for:	
Please iden	tify your ethnic/racial background:	
	Black	
	White	
	Hispanic	
	Asian	
	American Indian	
	Other	
How did you learn of the job opening. Check all that apply and provide specific to the extend you recall		
	Newspaper ad. Which newspaper:	
	Unemployment Office. Which location:	
	Community College. Which college:	
	One Stop career center. Which location:	
	Urban League. Which location.	
	County Work Force office. Which location:	
	Goodwill Industries. Which location.	
	Web site. Which web site:	
	NJ League of Municipalities	
	Friend / Other. Please specify:	
	Poster in municipal building	