

## Town 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 - Library		Date:			
* Applications are only accepted for positions that a	_				
Last name:	0:4	name:			
Address:		State, Zip			
Telephone #: Home Telephone		ne #: Cell			
Social security # - last 4 digits:		ldress:			
Employment type: Part time - 19.5 hours per week Date available:					
Do you have any objection to working overthe Do you have any objection to working nights. Have you ever been previously employed by If you are under 18, can you furnish a work provided a crime? If yes, please explain (a conviction will not be a c	s or weekends?  our organization permit if required	Yes			
Drivers license #:	(	CDL: Yes No Endorsement:			
How were you referred to us?					
Please provide all employment information	mployment Histor for your past three	·			
Employer:		Position held:			
Address:		TO 1 1 1/			
Immediate supervisor and title:					
		Salary:			
Reason for leaving:					
Employer:		Position held:			
Address:					
Immediate supervisor and title:					
Dates employed: From:	to From:	Salary:			
Reason for leaving:					
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	<b>*</b> *	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.	. Which location:	
Community College. V	Which college:	
One Stop career center	. Which location:	
Urban League. Which	location.	
County Work Force of	fice. Which location:	
Goodwill Industries.	Which location.	
Web site. Which web	site:	
NJ League of Municipa	alities	
Friend / Other. Please	e specify:	
Poster in municipal bui	ilding	