



*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: \* Health Officer

Date: \_\_\_\_\_

\* Applications are only accepted for positions that are being advertised

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State, Zip \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Telephone #: Cell \_\_\_\_\_

Social security # - last 4 digits: \_\_\_\_\_ email address: \_\_\_\_\_

Employment type: Full time Date available: \_\_\_\_\_

Do you have any objection to working nights or weekends? Yes ☐ No ☐

Have you ever been previously employed by our organization? Yes ☐ No ☐

Have you ever been convicted of a crime? Yes ☐ No ☐

If yes, please explain ( a conviction will not automatically bar employment)

\_\_\_\_\_  
\_\_\_\_\_

Drivers license #: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

### **Employment History**

Please provide all employment information for your past three (3) employers starting with the most recent.

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Immediate supervisor and title:** \_\_\_\_\_

**Dates employed:** From: \_\_\_\_\_ to From: \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Immediate supervisor and title:** \_\_\_\_\_

**Dates employed:** From: \_\_\_\_\_ to From: \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

Applicant's signature \_\_\_\_\_

### Employment History Continued

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
**Immediate supervisor and title:** \_\_\_\_\_  
**Dates employed:** From: \_\_\_\_\_ to From: \_\_\_\_\_ **Salary:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

### Skills

**Computer:** List all software/programs and level of proficiency:

Do you have a State of NJ Health Officer license: Yes ☐ No ☐

**Other skills and qualifications:** Summarize any job related training, skills, licenses, certificates and/or other qualifications:

Language (s):	Reading & writing (check one)			Verbal (check one)		
English	Basic <input type="checkbox"/>	Proficient <input type="checkbox"/>	Fluent <input type="checkbox"/>	Basic <input type="checkbox"/>	Proficient <input type="checkbox"/>	Fluent <input type="checkbox"/>
Spanish	Basic <input type="checkbox"/>	Proficient <input type="checkbox"/>	Fluent <input type="checkbox"/>	Basic <input type="checkbox"/>	Proficient <input type="checkbox"/>	Fluent <input type="checkbox"/>
Portuguese	Basic <input type="checkbox"/>	Proficient <input type="checkbox"/>	Fluent <input type="checkbox"/>	Basic <input type="checkbox"/>	Proficient <input type="checkbox"/>	Fluent <input type="checkbox"/>

### Education

List schools name and location, years completed, course of study and degrees earned:

**College:** \_\_\_\_\_  
**Graduate school:** \_\_\_\_\_  
**Technical training:** \_\_\_\_\_  
**Other:** \_\_\_\_\_

### References (must be supplied)

List three (3) references: name, telephone number and years known (Do not include relatives or employers)

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentations or material omissions made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, or whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand that it is in the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because that persons need for a reasonable accommodation as required by the ADA. I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization with three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

**In order for this application to be considered, it must be completely filled out. An incomplete application will not be considered for the position applied for. Please note that if the position has an application closing date, applications submitted after the designated closing date will not be considered.**

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_



*Town of Kearny*  
402 Kearny Avenue, Kearny, NJ 07032  
www.kearnynj.org

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 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 \_\_\_\_\_