

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: * Payroll Clerk | | Date: | | |
|---|--|--|--|--|
| * Applications are only accepted for positions that are being advertised | | | | |
| Last name: | First | name: | | |
| Address: | City: | State, Zip | | |
| | | one #: Cell | | |
| Social security # - last 4 digits: | | email address: | | |
| Employment type: Part time | vailable: | | | |
| Do you have any objection to working over Do you have any objection to working night Have you ever been previously employed If you are under 18, can you furnish a work Have you ever been convicted of a crime? If yes, please explain (a conviction will not be a conviction | ghts or weekends? by our organization rk permit if require | Yes | | |
| Drivers license #: | | CDL: Yes No Endorsement: | | |
| How were you referred to us? | | | | |
| * * | Employment Histo on for your past three mployment with the | e (3) employers starting with the most recent. | | |
| Employer: | | Position held: | | |
| Address: | | | | |
| Immediate supervisor and title: | | | | |
| Dates employed: From: | | | | |
| 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: | | |
| Address: | - · · · · · · · · · · · · · · · · · · · | | |
| Immediate supervisor and title: | | | |
| Dates employed: From: to F | | | |
| Reason for leaving: | | | |
| | Skills | | |
| Computer: List all software/programs and level of profici | ency: | | |
| Experience with ADP payroll processing? Explain in detail | | | |
| Other skills and qualifications: Summarize any job relate | ed training, skills, licenses, certificates and/or other qualifications: | | |
| Language (s): Other than English Reading & writi Basic Proficier | ng (check one) It | | |
| Ec | lucation | | |
| List schools name and location, years completed, course of High school: College: | | | |
| Technical training: | | | |
| Other: | | | |
| | (must be supplied) and years known (Do not include relatives or employers) | | |
| employers, educational institutions and references. I also hereby relegathering and using such information to make employment decisions understand that any misrepresentations or material omissions made by tion or immediate termination of employment if I am employed, or who specified length of employment and that this application does not consemployer can terminate the relationship at will, with or without cause, I understand that it is in the policy of this organization not to refuse to because that persons need for a reasonable accommodation as required provide satisfactory proof of identity and legal work authorization we required time shall result in immediate termination of employment. I that I seek employment under these conditions. In order for this application to be considered, it must be considered for the position applied for. Please note that if the | y the accuracy of information contained in this application from all previous case from liability the potential employer and its representatives for seeking, and all other persons or organizations for providing such information. I me on this application will be sufficient cause for cancellation of this applicatenever it may be discovered. If I am employed, I acknowledge that there is no stitute an agreement or contract for employment. Accordingly, either I or the at any time, so long as there is no violation of applicable federal or state law. I hire or otherwise discriminate against a qualified individual with a disability of by the ADA. I also understand that if I am employed, I will be required to with three (3) days of being hired. Failure to submit such proof within the represent and warrant that I have read and fully understand the foregoing and impletely filled out. An incomplete application will not be considered ing date will not be considered. | | |
| arter the designated clos | ing date will not be considered. | | |
| 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 ap | plied for: | |
|--|---|--|
| Please identify your ethnic/racial background: | | |
| | Black | |
| | White | |
| | Hispanic | |
| | Asian | |
| | American Indian | |
| | Other | |
| How did you l | earn of the job opening. Check all that apply and provide specific to the extend you recall | |
| | Newspaper ad. Which newspaper: | |
| | Inemployment Office. Which location: | |
| | Community College. Which college: | |
| | One Stop career center. Which location: | |
| | Jrban League. Which location. | |
| | County Work Force office. Which location: | |
| | Goodwill Industries. Which location. | |
| | Veb site. Which web site: | |
| | IJ League of Municipalities | |
| F | riend / Other. Please specify: | |
| ☐ P | oster in municipal building | |