

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: * Management Assistant		Date:		
* Applications are only accepted for position	_			
Last name:	First	name:		
Address:		State, Zip		
Telephone #: Home Teleph		none #: Cell		
Social security # - last 4 digits:	email	nail address:		
Employment type:X Part time only Date available:				
Do you have any objection to working Do you have any objection to working Have you ever been previously emplo If you are under 18, can you furnish a Have you ever been convicted of a cri If yes, please explain (a conviction w	nights or weekends? yed by our organization work permit if requireme?	Yes		
Drivers license #: How were you referred to us?				
now were you referred to us?				
Please provide all employment inform	Employment Hist nation for your past three	ee (3) employers starting with the most recent.		
Employer:		Position held:		
		TC 1 1 //		
Immediate supervisor and title:				
Dates employed: From:		Salary:		
Reason for leaving:				
Employer:		Position held:		
Address:				
Immediate supervisor and title:		<u> </u>		
Dates employed: From:	to From:	Salary:		
Reason for leaving:				
Applicant's signature				

Employment History Continued			
Employer:	Position held:		
	Telephone #:		
Immediate supervisor and title:			
Dates employed: From:			
Reason for leaving:			
	Skills		
Computer: List all software/programs and le	evel of proficiency:		
Other skills and qualifications: Summarize a	any job related training, skil	ls, licenses, certificates and/or other qualifications	
D have a model of the control		disconnectional disconnection with the second secon	
Do you have one (1) year experience in perfinterpretation, verification and/or application	• •		
•	Reading & writing (check on	•	
Basic	Proficient Fluent	Basic Proficient Fluent	
	Education		
List schools name and location, years comp High school:	•		
College:			
	agraa maior:		
Technical training:			
Other:			
List three (3) references: name, telep	References (must be supp hone number and years know	olied) wn (Do not include relatives or employers)	
tional institutions and references. I also hereby release from make employment decisions and all other persons or organized by me on this application will be sufficient cause for control of the control	liability the potential employer and its zations for providing such information cancellation of this application or imme	n contained in this application from all previous employers, educa- representatives for seeking, gathering and using such information to n. I understand that any misrepresentations or material omissions ediate termination of employment if I am employed, or whenever it ent and that this application does not constitute an agreement or con-	
tract for employment. Accordingly, either I or the employer applicable federal or state law. I understand that it is in the p a disability because that persons need for a reasonable accoms at satisfactory proof of identity and legal work authorization v	can terminate the relationship at will, volicy of this organization not to refuse a modation as required by the ADA. I with three (3) days of being hired. Fa	with or without cause, at any time, so long as there is no violation of to hire or otherwise discriminate against a qualified individual with also understand that if I am employed, I will be required to provide ailure to submit such proof within the required time shall result in d the foregoing and that I seek employment under these conditions.	
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		ncomplete application will not be considered for the posi- applications submitted after the designated closing date	
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 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 newspa	per:		
Unemployment Office. Which	Unemployment Office. Which location:		
Community College. Which co	Community College. Which college:		
One Stop career center. Which	One Stop career center. Which location:		
Urban League. Which location	Urban League. Which location.		
County Work Force office. W	County Work Force office. Which location:		
Goodwill Industries. Which lo	Goodwill Industries. Which location.		
Web site. Which web site:	Web site. Which web site:		
NJ League of Municipalities			
Friend / Other. Please specify	Friend / Other. Please specify:		
Poster in municipal building			