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's 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 accommodation 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

*Wa only accept and	Date: oplications for positions that are being advertised		
we only accept app	pheations for positions that are being advertised		
	First name		
Address	City: State Zip code_		
Telephone #: Home	Cell		
Social Security #:	email address:		
Type of employment desired: full-tim	me part-time temporary/seasonal		
Date you will be available to start work:_			
Do you have any objection to working over 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 conv	d by our organization? Yes No ork permit if it is required? Yes No		
rivers license number : CDL endorsement: yes no Class			
How were you referred to us?			
Plassa provida all amployment informati	Employment History ion for your past three employers starting with the most recent.		
Employer:	Position held:		
Employer:Address:	Position held:Telephone #:		
Employer:Address: Immediate supervisor and title:	Position held:Telephone #:		
Employer:Address: Immediate supervisor and title: Dates employed: from	Position held:		
Employer:	Position held:Telephone #:		
Employer:Address:	Position held:		
Employer:Address:	Position held:		
Employer:	Position held:Telephone #:toSalary:Position held:		
Employer:	Position held:		
Employer: Address: Immediate supervisor and title: Dates employed: from Job summary: Reason for leaving: Employer: Address: Immediate supervisor and title: Dates employed: from Dates employed: from	Position held:		

Date

Applicant's signature

Employer:		Pos	sition neid:				
Address:			Telephone	e #:			
Immediate supervisor and title:							
Dates employed: from	to		Salary:				
Job summary:							
Reason for leaving:							
Computer skills: List software/p	rograms and	level of pro	ficiency				
Typing – words per minute:							
Other Skills and Qualifications Summarize any job-related training	g, skills, licens	es, certificat	es, and/or other	qualificatio	ons:		
Language(s): Other than English	Reading	& Writing	(Circle One)	Ver	bal (Circle	One)	
	Basic	Proficient	Fluent	Basic	Proficient	Fluent	
	Basic	Proficient	Fluent	Basic	Proficient	Fluent	
High school: College: Technical Training:						·	
Other:							
References (must be supplied) List 3 references names, telephone							
I hereby authorize the potential employer to contional institutions, and references. I also hereby make employment decisions and all other persor I understand that any misrepresentation or mater termination of employment if I am employed, w If I am employed, I acknowledge that there is no	release from liability as or organizations ial omission made thenever it may be of a specified length of	ty the potential er for providing suc by me on this app discovered. f employment and o at will, with or v	nployer and its represent information. plication will be sufficed that this application without cause, at any to	sentatives for sec cient cause for c does not consti- time, so long as	eking, gathering, ancellation of th tute an agreemen there is no viola	and using such as application of app	The information to or immediate or employment, able federal or e of that persons
Accordingly, either I or the employer can termin state law. I understand that it is the policy of this organizate need for a reasonable accommodation as require I also understand that if I am employed, I will be to submit such proof within the required time sh I represent and warrant that I have read and fully	d by the ADA. required to providall result in immed	le satisfactory pro	of employment.			ee days of beir	ng hired. Failure
state law. I understand that it is the policy of this organizate need for a reasonable accommodation as require I also understand that if I am employed, I will be to submit such proof within the required time sh I represent and warrant that I have read and fully In order for this application to be contained.	d by the ADA. e required to provid all result in immed understand the for	le satisfactory pro iate termination or regoing, and that	of employment. I seek employment ur	nder these condi	tions.		
state law. I understand that it is the policy of this organizate need for a reasonable accommodation as require I also understand that if I am employed, I will be to submit such proof within the required time sh I represent and warrant that I have read and fully In order for this application to be composition applied for.	d by the ADA. e required to provide all result in immediate understand the forms asidered, it mus	de satisfactory pro iate termination o regoing, and that	of employment. I seek employment under the seek employment under the seek employment under the seek employment. An	incomplete o	tions.	ill not be co	onsidered for t
state law. I understand that it is the policy of this organizate need for a reasonable accommodation as require I also understand that if I am employed, I will be	d by the ADA. e required to provide all result in immediate understand the forms asidered, it mus	de satisfactory pro iate termination o regoing, and that	of employment. I seek employment under the seek employment under the seek employment under the seek employment. An	incomplete o	tions.	ill not be co	onsidered for t

Date

Applicant's signature

Town of Kearny Applicant Background and Referral Information Form

Note:

This information on this form is used solely for aggregate statistical purposes. No information on this form is used in any decision regarding hiring, promotion, or terms and conditions of employment. **<u>DO NOT</u>** write your name or any other personal identification on this form.

The Town of Kearny is an Equal Employment Opportunity Employer

1.	Position for which applied:
2.	Please identify your ethnic/racial background:
	Black
	White
	Hispanic
	Asian-American
	American Indian
	Other
3.	How did you learn of the job opening for which you applied. (Check all that apply and provide specifics to the extent you recall)
	Newspaper advertisement. Newspapers:
	Radio Advertisement. Station:
	Recruiting Agency. Which
	Poster Where seen:
	School, Church or other source. Specify:
	Friend or Relative