

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: La	aborer - Full time	* Application	s are only accepted for	positions that are being advertised	
Name:			Date:		
A didmaga.					
	Cell				
Drivers license #:				Endorsement:	
* Do you have any objection	to working nights or weeker	nds?		Yes No	
* Do you have any objection to working overtime when necessary?				Yes No	
* Have you ever been previous	usly employed by our organi	ization?		Yes No	
If you are under 18, can you furnish a work permit if required? Yes No				Yes No	
* Have you ever been arreste	d? If yes, explain (an arrest/conviction	on will not automa	atically bar employmen	tt) Yes No	
* Have you obtained Veteran If yes, please attach a copy	a's preference with the NJ Ci			Yes No	
	e Town a copy of the postcar www.state.nj.us/military/veterans/pr		J Civil Service C	Commission within 14 days	
Please provide all o	Employ employment information for yo	yment History our past three (ng with the most recent.	
Ela		•			
A 11			Telephone #:		
Immediate supervisor and titl					
				Salary:	
Reason for leaving:					
Employer:			Position held:		
Address:			Telephone #:		
Immediate supervisor and tit					
Dates employed: From:_	to I	From:		Salary:	
Reason for leaving:					
Applicant's signature					

	Employment Histor	y Continued			
Employer:	Position held:				
A 11	Telephone #:				
Immediate supervisor and title:					
Dates employed: From:	to From:		Salary:		
Reason for leaving:					
	Skills				
Computer: List all software/progra	ams and level of proficiency:				
Other skills and qualifications: So	ummarize any job related train	ning, skills, licenses, certif	icates and/or other qualifications		
Language (s): Other than English	Reading & writing (che	′ <u> </u>	Verbal (check one)		
	Basic Proficient	Fluent Basic Basic	Proficient Fluent Fluent		
	Basic Proficient	Fluent Basic	Proficient Fluent		
List schools name and location we	Education Services of students				
List schools name and location, ye High school:	ears completed, course of study				
College:					
Technical training:					
Other:					
List three (3) references: na	References (must ame, telephone number and ye	- · ·	e relatives or employers)		
I hereby authorize the potential employer employers, educational institutions and regathering and using such information to understand that any misrepresentations or tion or immediate termination of employms specified length of employment and that the employer can terminate the relationship at I understand that it is in the policy of this because that persons need for a reasonable provide satisfactory proof of identity and required time shall result in immediate ter that I seek employment under these conditions. In order for this application to be dered for the position applied for.	eferences. I also hereby release from make employment decisions and all material omissions made by me on the nent if I am employed, or whenever it his application does not constitute are will, with or without cause, at any to organization not to refuse to hire or expected accommodation as required by the I legal work authorization with three mination of employment. I representations.	In liability the potential employ other persons or organization his application will be sufficient may be discovered. If I am employ a greement or contract for employed otherwise discriminate against ADA. I also understand that it is equal to the contract of the contrac	er and its representatives for seeking, is for providing such information. It cause for cancellation of this applicationary applying that there is no ployment. Accordingly, either I or the attion of applicable federal or state law. I 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	n applied for: Laborer Full time				
Please identify your ethnic/racial background:					
	Black				
	White				
	Hispanic				
	Asian				
	American Indian				
	Other				
How did yo	ou learn of the job opening. Check all that apply and provide specific to the extend you recal				
	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				