

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

*Applications are only accepted for positions that are being advertised Last name:	Position applied for: * Electrical Subcode Office		Date:
Address: City: State, Zip Telephone #: Home Telephone #: Cell Social security # - last 4 digits: email address: Employment type: Part time - provisional Date available: Do you have any objection to working overtime if necessary? Yes No Have you ever been previously employed by our organization? Yes No Have you ever been previously employed by our organization? Yes No Have you ever been convicted of a crime? Yes No Have you ever been convicted of a crime? Yes No Have you ever been convicted of a crime? Yes No Have you ever been convicted of a crime? Yes No Have you referred to us? Employment History Please provide all employment information for your past three (3) employers starting with the most recent. INCLUDE employment with the Town of Kearny Employer: Address: Telephone #: Employer: Position held: Address: Telephone #: Employer: Position held: Address: Telephone #: Immediate supervisor and title: Dates employed: From: to From: Salary: Employer: Position held: Address: Telephone #: Immediate supervisor and title: Dates employed: From: to From: Salary: Employer: Address: Telephone #: Salary: Salary: Salary: Salary: Salary: Salary: Salary:	T	_	
Telephone #: Home		~··	State 7in
Social security # - last 4 digits: email address:			
Employment type: Part time - provisional Date available: Do you have any objection to working overtime if necessary? Yes No Do you have any objection to working weekends, nights, holidays? Yes No Have you ever been previously employed by our organization? Yes No Have you ever been previously employed by our organization? Yes No Have you ever been convicted of a crime? Yes No Have you ever been convicted of a crime? Yes No Drivers license #: CDL: Yes No Endorsement: CDL: Yes No Endorsement: Please provide all employment information for your past three (3) employers starting with the most recent. INCLUDE employment with the Town of Kearny Employer: Position held: Address: Telephone #: Immediate supervisor and title: Please of leaving: Position held: Address: Telephone #: Immediate supervisor and title: Please employed: From: Telephone #: Immediate supervisor and title: Please employed: From: Salary: Salary: Salary: Immediate supervisor and title: Please employed: From: Telephone #: Salary: Sala		l elepho	one #: Cell
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How were you referred to us? Employment History	Do you have any objection to working wee Have you ever been previously employed If you are under 18, can you furnish a work Have you ever been convicted of a crime?	ekends, nights, hol by our organization k permit if required	No
Employment History Please provide all employment information for your past three (3) employers starting with the most recent. INCLUDE employment with the Town of Kearny Employer: Position held: Address: Telephone #: Dates employed: From: To From: Position held: Salary: Employer: Position held: Telephone #: Immediate supervisor and title: Dates employer: Position held: Telephone #: Immediate supervisor and title: Dates employed: From: Salary: Salary: Salary:	Drivers license #:		CDL: Yes No Endorsement:
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	Employment History Continue	d	
Employer:	Position held:		
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Immediate supervisor and title:			
	to From:	Salary:	
	G1.W1		
	Skills		
Computer: List all software/progra	ms and level of proficiency:		
Do you have a HHS license ? Yes	s No No		
Do you have any objections to doi	ng property maintenance, zoning and cod	le enforcement ? Yes No	
Other skills and qualifications: Su	ımmarize any job related training, skills,	licenses, certificates and/or other qualifications	
Language (s): Other than English	Reading & writing (check one) Basic Proficient Fluent Basic Proficient Fluent	Verbal (check one) Basic Proficient Fluent Basic Fluent	
	Basic Proficient Fluent Education	Basic Proficient Fluent	
List schools name and location, ye	ars completed, course of study and degree	es earned:	
TT' 1 1 1	1 / 3		
College:			
Other:			
	References (must be supplied time, telephone number and years known (•	
employers, educational institutions and regathering and using such information to understand that any misrepresentations or tion or immediate termination of employm 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	ferences. I also hereby release from liability the make employment decisions and all other persons material omissions made by me on this application tent if I am employed, or whenever it may be discount in I am employed, or whenever it may be discount in I am employed, or whenever it may be discount in I am employed, or whenever it may be discount in I am employed, or whenever it may be discount in I am employed, or whenever it may be discount in I am employed, or whenever it may be discount in I am employed in I also I legal work authorization with three (3) days of mination of employment. I represent and warrant	primation contained in this application from all previous potential employer and its representatives for seeking, is or organizations for providing such information. If a will be sufficient cause for cancellation of this application of the application of contract for employment. Accordingly, either I or the state is no violation of applicable federal or state law criminate against a qualified individual with a disability of understand that if I am employed, I will be required to being hired. Failure to submit such proof within the that I have read and fully understand the foregoing and	
ered for the position applied for.		An incomplete application will not be consid- plication closing date, applications submitted considered.	
Applicant's signature	Ĭ	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 appl	lied for:	
Please iden	tify 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	