

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: * Parking Enforcement Office	er/Meter Collector	Date:		
* Applications are only accepted for positions th				
Last name:	First name	::		
Address:	City:	State, Zip		
Telephone #: Home	Telephone #	: Cell		
Social security # - last 4 digits:	email addres	ss:		
Employment type: Full time		ole:		
Are you a military Veteran? (As per 11a:5	5-8)	Yes No		
Do you have any objections to working a	edule? Yes 🗌 No 🗌			
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	Yes No			
Have you ever been convicted of a crime?	Yes No			
If yes, please explain (a conviction will no	ot automatically bar em	ployment)		
Drivers license #:		CDL: Yes No Endorsement:		
How were you referred to us?				
Please provide all employment information INCLUDE er	Employment History on for your past three (3) employment with the Town			
Employer:		osition held:		
Address:	T	elephone #:		
Immediate supervisor and title:				
Dates employed: From:	_	Salary:		
Reason for leaving:				
Employer:	Po	osition held:		
Address:	Te	elephone #:		
Immediate supervisor and title:				
Dates employed: From:				
Reason for leaving:				
Applicant's signature				

	Employment Histo	ry Continued			
Employer:	position held:				
Address:		Telephone #:			
Immediate supervisor and title:					
Dates employed: From:	to From:			Salary:	
Reason for leaving:					
	Skill				
Computer: List all software/program	ms and level of proficiency:				
Other skills and qualifications: Sur	nmarize any job related trai	ning, skills, lice	enses, certific	ates and/or other	qualifications
Language (s): Other than English	Reading & writing (cl	· · · · · · · · · · · · · · · · · · ·		Verbal (check on	,
	Basic Proficient Proficient Proficient	Fluent Fluent	Basic Basic	Proficient Proficient	Fluent Fluent
	Educat	_			
List schools name and location, yea			earned:		
TT' 1 1 1	r,				
College:					
Technical training:					
Other:					
List three (3) references: nar	References (must me, telephone number and y	* * /	o not include	relatives or emp	loyers)
					_
I hereby authorize the potential employer to employers, educational institutions and refer gathering and using such information to munderstand that any misrepresentations or mustion or immediate termination of employment specified length of employment and that this employer can terminate the relationship at the I understand that it is in the policy of this of because that persons need for a reasonable provide satisfactory proof of identity and required time shall result in immediate term that I seek employment under these condition. In order for this application to be considered for the position applied for.	erences. I also hereby release from the employment decisions and a material omissions made by me on the if I am employed, or whenever is application does not constitute avill, with or without cause, at any reganization not to refuse to hire of accommodation as required by the legal work authorization with the innation of employment. I represents.	om liability the po all other persons of this application with it may be discover an agreement or co- time, so long as the rotherwise discrire e ADA. I also under the end of the end of the ent and warrant that the ely filled out. A on has an application	tential employer rorganizations ill be sufficient or red. If I am emplorere is no violatininate against a adderstand that if ing hired. Failed I have read an an incomplete cation closing	r and its representat for providing such cause for cancellatio loyed, I acknowledg byment. According on of applicable fed qualified individual I am employed, I ware to submit such d fully understand the	ives for seeking, information. In of this applicate that there is not y, either I or the eral or state law. with a disability ill be required to proof within the foregoing and not be consid-
	the designated closing da	it will not be et			
Applicant's signature		Da	te		



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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	