

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: * Laborer - seasonal	ons that are being advertised	Date:		
Last name:	C	name:		
Address:	0.1	State, Zip		
Telephone #: Home		one #: Cell		
Social security # - last 4 digits:	email a	address:		
Employment type: Seasonal - 35 hours Are you a military Veteran? (As per Do you have any objection to working	per week Dater 11a:5-8)	te available: No		
Do you have any objection to working	nights or weekends?	Yes No		
Have you ever been previously employed by our organization? Yes No				
If you are under 18, can you furnish a work permit if required? Yes No				
Have you ever been convicted of a cri-	me?	Yes No		
If yes, please explain (a conviction w	ill not automatically ba	ar employment)		
Drivers license #:		CDL: Yes No Endorsement:		
How were you referred to us?				
	Employment Histo			
Employer:		Position held:		
		T 1 1 11		
Immediate supervisor and title:				
Dates employed: From:		Salary:		
Reason for leaving:				
Employer:		Position held:		
Address:				
Immediate supervisor and title:				
Dates employed: From:	to From:	Salary:		
Reason for leaving:				
Applicant's signature				

Employment History □ontin □ed				
Employer:		Position held:		
Address:				
Immediate supervisor and title:				
Dates employed: From:	to From:	S	alary:	
Reason for leaving:				
	□□ills			
Computer: List all software/progra	ams and level of proficiency:			
Typing: words per minute				
Other skills and qualifications: Su	ummarize any job related traini	ng, skills, licenses, certific	ates and/or other qualifications	
Language (s): Other than English	Reading & writing (che	ck one)	erbal (check one)	
	□asic □ Proficient □	Fluent asic asic	Proficient Fluent	
	□asic □ Proficient □	Fluent asic asic	Proficient Fluent Fluent	
	Ed cation			
List schools name and location, ye High school:	•			
College:				
Other:				
List three (3) references: na	□ eferences □ m□st □ ame, telephone number and year		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 terminate I seek employment under these conditions.	ferences. I also hereby release from make employment decisions and all material omissions made by me on the tent if I am employed, or whenever it his application does not constitute an will, with or without cause, at any tir organization not to refuse to hire or organization as required by the A legal work authorization with three mination of employment. I represent ions.	liability the potential employer other persons or organizations is application will be sufficient comay be discovered. If I am employer agreement or contract for employer, so long as there is no violation therwise discriminate against a ADA. I also understand that if I (3) days of being hired. Failurand warrant that I have read and	and its representatives for seeking, for providing such information. I ause for cancellation of this applicatoyed, I acknowledge that there is no byment. Accordingly, either I or the on of applicable federal or state law. qualified individual with a disability I am employed, I will be required to are to submit such proof within the diffully understand the foregoing and	
In order for t is application to le c ered for t ie position applied for i		☐as an application closin☐	= =	
		_		
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:		
	lack	
□ W	/hite	
□ H	ispanic	
	sian	
A	merican Indian	
O	ther	
How did you learn of the job opening. Check all that apply and provide specific to the extend you recall		
Newspaper ad. Which newspaper:		
□ nemployment Office. Which loc	□nemployment Office. Which location:	
Community College. Which college	Community College. Which college:	
One Stop career center. Which loc	One Stop career center. Which location:	
□ □rban League. Which location.	□rban League. Which location.	
County Work Force office. Which	County Work Force office. Which location:	
□ □ oodwill Industries. Which locate	□oodwill Industries. Which location.	
Web site. Which web site:		
NJ League of Municipalities		
Friend / Other. Please specify:		
Poster in municipal building		