

Town of Kearny

402 Kearny Avenue, Kearny, NJ 07032 www.kearnynj.org

For Town use only				
NJCSC	postcard a	ttached		
Yes	No_	N/A		
Receive	d by:		_	

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 advertised and received prior to the application deadline date Position applied for: **Driver - part time** Name: Address: Phone #: Home _____ Cell ____ Email:____ Drivers license #: _____ CDL: Yes ___ No ___ Endorsement: Date available: * Do you have any objection to working nights or weekends? Yes * Do you have any objection to working overtime when necessary? Yes No * Have you ever been previously employed by our organization? Yes * If you are under 18, can you furnish a work permit if required? Yes No Pursuant to the NJ Civil Service Commission's Rules and Regulations, veterans who have obtained the proper designation will receive preferential consideration in the hiring process. * Have you obtained Veteran's preference with the NJ Civil Service Commission? If yes, please attach a copy of the postcard confirming your Veteran's status. * If you have not yet applied for Veteran's preference with the NJ Department of Military and $_{\mathrm{Yes}}$ Veterans Affairs, do you plan on doing so? If yes, please provide to the Town a copy of the postcard from the NJ Civil Service Commission within 14 days * For information, go to http://www.state.nj.us/military/veterans/preference.html How were you referred to us? **Employment History** Please provide all employment information for your past three (3) employers starting with the most recent. Employer: Position held: Telephone #: Address: Immediate supervisor and title: Immediate supervisor and title:

Dates employed: From: to From: Salary: ______ Reason for leaving: Employer: Position held: Telephone #: _____ Address: Immediate supervisor and title: Dates employed: From:______ to 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 thremination 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.

lied for: Laborer Part time		
ur ethnic/racial background:		
Black		
White		
Hispanic		
Asian		
American Indian		
Other		
of the job opening. Check all that apply and provide specific to the extend you recall		
spaper ad. Which newspaper:		
nployment Office. Which location:		
munity College. Which college:		
Stop career center. Which location:		
n League. Which location.		
ty Work Force office. Which location:		
Goodwill Industries. Which location.		
site. Which web site:		
eague of Municipalities		
d / Other. Please specify:		
er in municipal building		