



BOROUGH OF HAMBURG
16 Walkill Avenue
Hamburg, NJ 07419
973-827-9230 Fax: 973-827-0466

Full Time

Part Time

EMPLOYMENT APPLICATION

THE BOROUGH OF HAMBURG IS AN EQUAL OPPORTUNITY EMPLOYER AND AS SUCH DOES NOT DISCRIMINATE IN EMPLOYMENT PRACTICES BASED ON RACE, COLOR, SEX, AGE, NATIONAL ORIGIN, RELIGION, MARITAL STATUS OR DISABILITY.

PLEASE PRINT:

Position(s) applying for: _____ Date of Application: _____

Name: _____
(Last) (First) (Middle)

Street Address: _____

Municipality: _____ State: _____ Zip: _____

Mailing Address: (If different from above): _____

E-Mail Address _____

Telephone No.:

Social Security Number:

Date of Birth:

If hired, can you submit proof of the right to work in US.? Yes No

Are you under 18 years of age? Yes No

Date available for work: _____ Full Time Part Time Temporary/Seasonal

Have you ever been employed by the Borough of Hamburg Yes No

If yes, when and in what position? _____

Are you currently employed: Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Do any of your relatives work for the Borough of Hamburg? Yes No

If yes, please give name and location: _____

Do you require any accommodation from the Borough of Hamburg to perform the essential functions of the job for which you have applied? Yes No

If yes, please list the type of accommodation required: _____

If the position for which you are applying involves the handling of money, to the best of your knowledge, is there any reason why you cannot be bonded for the receipt and reconciliation of moneys?

Yes No

IF A LICENSE, CERTIFICATE, OR OTHER AUTHORIZATION IS REQUIRED OR RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING, COMPLETE THE FOLLOWING:

License/Certification (P.E., R.N., Sanitarian, Etc.)	Date Issued:	Issued by: (State or other authority)	License No.	Location of issuing Authority: (City & State)

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE POSITION FOR WHICH YOU ARE APPLYING INVOLVES OPERATING A BOROUGH VEHICLE:

Do you have a valid driver's license?	Yes	No
If yes, please list your driver's license number: _____		
Do you currently hold a CDL license?	Yes	No
Are there currently any points assessed against your license?	Yes	No
If Yes, how many? _____		
Do you have transportation to and from work?	Yes	No
Have you had your driving priviledges suspended or revoked in the last five years?	Yes	No
If Yes, what were the circumstances surrounding the suspension or revocation of your driving priviledges?		

EDUCATION: (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registration.)

Education	Name & Location of School	Years Completed	Major	Diploma/Degree
Elementary School				
High School				
College/University				
Other (Specify)				
Other (Specify)				

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SPECIAL SKILLS/QUALIFICATIONS: List all special skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc. and any skills which you feel particularly fit you for work in the position(s) applied for:

REFERENCES: (Not Employers or Relatives)

Name:	Address:	Telephone No.

EMPLOYMENT HISTORY: This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experiences should clearly describe your qualifications. Include ALL employment. Begin with your current or last position and work back to your first position.

Employer:	<u>Dates Employed:</u> From: To:	
Address:	Telephone No.:	
Current/Final Salary:	Job Title:	Supervisor:
Summary of Experience:		
Reason for Leaving:		

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Address:		Telephone No.:	
Current/Final Salary:	Job Title:	Supervisor:	
Summary of Experience:			
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Current/Final Salary:	Job Title:	Supervisor:	
Summary of Experience:			
Reason for Leaving:			

CERTIFICATION

(Please read and sign below)

I certify that the information contained herein is true and complete.

I understand that some positions may require post offer, pre-employment, physical, Drug/Alcohol Testing and/or psychological examinations. I understand, if employed, I will be required to contribute to a State-administered pension system.

I authorize the Borough of Hamburg to conduct a background investigation pertaining to my qualifications and the statements contained in this application. I further authorize the Borough of Hamburg to contact the references I have listed on my application. I understand that this background investigation may include the following and I hereby give my consent.

- A. Credit Check
- B. Reference check
- C. Employment history check

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).

- D. Review of driving record
- E. Physical examination, including drug and/or alcohol screening
(MAY BE CONDUCTED AFTER EMPLOYMENT IS OFFERED BY THE BOROUGH)

I understand any misstatement or omission on this form or during my interview may result in my disqualification for employment or termination of my employment if I have already been appointed.

SIGNATURE OF APPLICANT: _____

DATE: _____

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

FOR OFFICIAL USE ONLY:

DMV

BACKGROUND CHECK