

# RARITAN TOWNSHIP New Jersey

## DEPARTMENT OF PUBLIC WORKS

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### APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE ♦ AN EQUAL OPPORTUNITY EMPLOYER

#### **PERSONAL INFORMATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

LAST FIRST MIDDLE

PRESENT ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP

PERMANENT ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP

PHONE #: \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES  NO

EMAIL: \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES  NO

**EMPLOYMENT DESIRED** FULL TIME  PART TIME

POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU EMPLOYED NOW? YES  NO  IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES  NO

EVER APPLIES TO THIS COMPANY BEFORE? YES  NO  WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERED BY: \_\_\_\_\_

| <u>EDUCATION</u>                         | NAME & LOCATION OF SCHOOL | # OF YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|--|---------------------------|---------------------|------------------|------------------|
| HIGH SCHOOL                              |                           |                     |                  |                  |
| COLLEGE                                  |                           |                     |                  |                  |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |                           |                     |                  |                  |

#### **GENERAL**

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_ VALID CLASS "A" CDL LICENSE: YES  NO

U.S. MILITARY OR NAVAL SERVICE: YES  NO  RANK: \_\_\_\_\_

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE<br>MONTH & YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|----------------------|----------------------------|--------|----------|--------------------|
| FROM:                |                            |        |          |                    |
| TO:                  |                            |        |          |                    |
| FROM:                |                            |        |          |                    |
| TO:                  |                            |        |          |                    |
| FROM:                |                            |        |          |                    |
| TO:                  |                            |        |          |                    |
| FROM:                |                            |        |          |                    |
| TO:                  |                            |        |          |                    |

WHICH OF THESE JOBS DID YOU LIKE BEST?

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WHAT DID YOU LIKE MOST ABOUT THIS JOB?

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**REFERENCES** (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LAST ONE YEAR)

| NAME      | ADDRESS | BUSINESS | YEARS<br>ACQUAINTED |
|-----------|---------|----------|---------------------|
| <u>1.</u> |         |          |                     |
| <u>2.</u> |         |          |                     |
| <u>3.</u> |         |          |                     |

DO YOU HAVE ANY RELATIVES EMPLOYED IN THIS DEPARTMENT AT THE PRESENT TIME? YES  NO

IN CASE OF EMERGENCY NOTIFY:

NAME

PHONE NUMBER

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_