Township of Willingboro

APPLICATION FOR EMPLOYMENT

ALL INFORMATION ON THIS ENTIRE APPLICATION MUST BE COMPLETED OR THE APPLICANT WILL NOT BE CONSIDERED FOR EMPLOYMENT

NAME:				
(Last	(First			(Middle Initial)
CHIPDENT ADDDESS.	g.			
CURRENT ADDRESS: (Street)		(City)	(State)	(Zip Code
TELEPHONE NUMBER:		1 511		(Zip cout
EMAIL ADDRESS:				
If you have lived at the above addre	ess less than 12 months.	list previous	address	
	,	provious	uuui essi	
(Street)	(City)		(State)	(Zip Code)
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Are you legally authorized to accep	t employment in this co	11 m frag. 9 .		
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(Proof of citizenship or immigration status	will be required if employed	by the Townshi	p)	-
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If you are hired and you are under	will be required if employed	by the Townshi	p)	
If you are hired and you are under	will be required if employed	by the Townshi	p)	
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If you are hired and you are under Do you have a valid driver's license What State issued this license?: What is the license number?:	will be required if employed 18, can you furnish a w	by the Townshi ork permit?:	p)	
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r scheduled?:	
cal, mechanical, clerical or technical):	
d position:	
Shorthand: Approx	ximate WPM
ises or certifications?:	
8th 9th 10th 11th 12th Cer	rt/Assoc
Bachelors Masters Ph.D	M.D. J.D.
Location	Year Graduated List Degree Received Or Year Completed
s: :: :: :: :: :: :: :: :: :: :: :: :: :	nses or certifications?: Sth 9th 10th 11th 12th Center Bachelors Masters Ph.D

Employment History (Current employment first)

Name From: Address To:
Supervisor
Phone: ()
May we contact this employer? Yes No Current Salary:
reason for leaving?:
Employer Job Description
Name From:
Address To:
Supervisor
Phone: ()
May we contact this employer? Yes No Ending Salary:
Reason for leaving?:

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Supervisor Phone: () May we contact this employer? Yes Reason for leaving?:	No Ending Salary:		
Employer Name	Dates Employed From:	Title	Job Description
Supervisor	10:		
Phone: () May we contact this employer? Yes Reason for leaving?:	No Ending Salary:		

Name	Name
Street	Street
lity	City
Phone Number	Phone Number
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Name	
Street	
City	
Phone Number	
Please list the name, business addres provide professional references.	s and phone number of three individuals that we may co
provide professional references.	s and phone number of three individuals that we may consider the second
Vame	
Vame	Name
Name Street	Name Street
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Name Street City Phone Number	Name Street City
Please list the name, business addres provide professional references. Name Street City Phone Number Jame treet	Name Street City

Please list the name, current address and phone number of three individuals that we may contact, (not

It is the policy of the Township of Willingboro to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, sexual orientation, handicap or disability.

APPLICATIONS ARE KEPT ON FILE FOR SIX MONTHS

Township of Willingboro

Employment Application Statement of Understanding

I hereby state that the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I hereby authorize the individuals listed as personal references to release any personal information that may pertain to my work habits or work performance.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will merely be a gratuitous statement of the Township's current policies.

I understand that the Township may require applicants for employment to take a urinalysis or blood tests for drug and alcohol screening as part of a pre-employment physical, and psychological examination, and that any offer of employment with the Township is conditioned upon the results of my examination (including urinalysis or blood tests for drug or alcohol screens) being satisfactory.

Any and all applicants shall be subject to a police records check, fingerprinting and background check. (at the expense of the candidate)

I understand that if I am employed with the Township and I apply for a promotion I may be required to submit to a drug or alcohol screening. I also understand that if I hold a safety-sensitive position, as defined by State and Federal Statutes, I may be required to submit to periodic urinalysis or blood tests for drug or alcohol screening. Further, I understand that if I am involved in an on-the-job accident or if the Township has reasonable suspicion that I am under the influence of drugs or alcohol, I hereby authorize the release of the results of any physical examinations or drug tests required herein to the Township. I further understand that the Township may inspect all lockers and any bags (including purses or briefcases) or parcels brought into, or taken out of the Township facilities, and that my refusal to submit to a urinalysis, blood test, or search, when requested to do so, may result in the termination of my employment.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE TOWNSHIP, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I OR THE TOWNSHIP WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, IN ACCORDANCE WITH STATE STATUTES AND TOWNSHIP POLICIES. I UNDERSTAND THAT EMPLOYMENT BY THE TOWNSHIP IS SUBJECT TO NEW JERSEY DIVISION OF CIVIL SERVICE STATUTES, RULES AND REGULATIONS. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE TOWNSHIP MANAGER OF THE TOWNSHIP OF WILLINGBORO.

(Date)	(Signature)	
(Date)	(Signature)	