APPLICATION FOR EMPLOYMENT

STILLWATER TOWNSHIP
964 Stillwater Road
Newton, NJ 07860
973-383-9484
fax 973-383-8059

POSITION APPLYING FOR: _____ **DATE:**_____

MINIMUM SALARY $_____ **STILLWATER TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYEI**

Name_____ Social Security No._____
Last First MI

Address:_____ Phone No._____
Street City State Zip

How long have you been at the above address ____Yrs. Date of Birth _____
(Optional)

Have you ever applied to the TOWNSHIP OF STILLWATER before? Yes ( ) No ( ) If yes, date _____

Are you currently employed? Yes ( ) No ( ) May we contact your current employer? Yes ( ) No ( )

Are you currently on layoff status subject to recall? Yes ( ) No ( ) Do you have a CDL? Yes ( ) No ( )

Do you have a valid driver's license? Yes ( ) No ( ) DL no._____ Place of Birth _____

Are you a U.S. Citizen? Yes ( ) NO ( ) Naturalized ( ) Date of final papers _____
Pursuant to Federal Law, proof of US Citizenship or immigration will be required if you are hired.

Where you ever convicted of a crime? Yes ( ) No ( ) If yes, please explain on a separate sheet of paper.
Employment is conditional upon the results of the criminal background check. An answer of "Yes" may disqualify you from employment depending upon the circumstances involved.

Do you have any impairments, (physical, mental, or medical), that would prevent you from reasonably performing the activities of the position for which you are applying? Yes ( ) No ( )

Where you ever discharged from employment? Yes ( ) No ( ) If yes, please explain on a separate sheet of paper.

Were you in the Armed Forces? Yes ( ) No ( ) If yes, what branch? _____

Are you able to work on Saturday's, Sunday's or evenings? Yes ( ) No ( ).

Have you or a member of your family been or is employed by the Township of Stillwater? Yes ( ) No ( )
If so, which department_____

f employed by the Township of Stillwater, are you willing to take a physical exam? Yes ( ) No ( )

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	Diploma or Degree
Elementary	_____		5 6 7 8	___ Yes ___ No	
Secondary	_____		1 2 3 4	___ Yes ___ No	
College	_____		1 2 3 4	___ Yes ___ No	
Other (Specify)	_____		1 2 3 4	___ Yes ___ No	

List below present and past employment, beginning with your most recent position.

Type of Business Name and Address	From Mo / Yr	To Mo / Yr	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
_____ Phone:_____	Describe your work:					

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PERSONAL REFRENCES (NOT Former Employers or Relatives)

NAME	OCCUPATION	ADDRESS	PHONE NUMBER

List other experience, skills or qualifications you feel may qualify you for the position in which you are interested (typing, shorthand, equipment / machinery operations, etc.)

_____

_____

_____

Please provide the names and phone numbers below of at least two people who can be contacted at any time in the event of an emergency.

Name: _____ Relationship_____ Phone:_____

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STILLWATER TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER AND MAY NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, NATIONAL ORIGIN, ANCESTRY, POLITICAL AFFILIATION, AGE, MARITAL STATUS, SEX, AFFECTIONAL OR SEXUAL ORIENTATION, PHYSICAL OR MENTAL DISABILITY, LIABILITY FOR MILITARY SERVICE OR HANDICAP.

UNDERSTANDINGS AND AGREEMENTS:

I hereby certify that the facts set forth in my application for employment with Stillwater Township are true and complete, to the best of my knowledge. I understand that falsifications of this application are grounds for disqualification or further consideration, or for the dismissal from employment. I give the Township of Stillwater the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give Stillwater Township the right to secure additional job-related information about me. I agree to conform to the rules and regulations of Stillwater Township and understand thay my employment and compensation can be terminated in accordance with these rules and any other applicabale regulation and/or laws. I understand that Stillwater Township is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that Stillwater Township will make reasonable accomodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that Stillwater Township may make assurances to the contrary. I understand that any offer of employment may be subject to job-related medical physical, drug, or psychological tests. I understand that some positions may involve complete background and criminal checks.

I hereby authroize the appropriate Township Officials to obtain information about my suitability for employment from my named references.

_____

Signature of Applicant Date

CONDITIONS OF EMPLOYMENT:

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. For your application to be considered, you must sign and date below.

_____

Signature of Applicant Date