



TOWNSHIP OF DOWNE
 288 Main Street
 Newport, NJ 08345
 856-447-3100 – Phone
 856-447-3533 – Fax
downetownship@comcast.net – Email

APPLICATION FOR EMPLOYMENT

Township of Downe is an Equal Opportunity Employer and Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Applications with missing will not be considered for any position.

Position Applying For:		Date	
Name (Last, First, Middle):			
Street Address:			
City:		State:	
		Zip:	
Social Security Number:		Home Phone:	Work Phone:
		Other Phone:	
Have you ever applied to the Township of Downe before:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give date	
Are you eligible to work in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, can you provide proof of eligibility to work?	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please state company, current job title & department?	
May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Information:	
Are you related to any current (Township of Downe employee)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
If required for position, do you have a valid commercial driver's license (CDL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list any endorsements:	
Are you currently on layoff status and subject to recall:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever pleaded guilty or been found guilty of a crime or disorderly persons offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	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. If "Yes" please explain below	

EDUCATION: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

REFERENCES: Please provide the names, addresses and phone numbers of three people who we may contact as a reference. They should not be relatives or former supervisors.

Name & Address	Phone Number	Years Known

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT COMPLETE THIS INFORMATION WITH THE NOTATIONN “SEE RESUME.”**

PLEASE NOTE: Township of Downe reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor’s Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor’s Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor’s Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

COMMENTS:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Township of Downe to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Township of Downe serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations.

Applicant Signature: _____ Date: _____

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

You are **not** required to provide this information. Provide only if you wish. If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program.

Name:
Address:
City/Town:
Phone:
Position Applied For:
How did you learn about this employment opportunity? Check all that apply: <input type="checkbox"/> Ad in newspaper <input type="checkbox"/> Job Bulletin (Posting)/Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Referral by employee <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other:

INFORMATION REGARDING STATUS:

Gender

- Male
- Female

Equal Employment Opportunity Identification Groups:

- White
- African American (non Hispanic)
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Other

Other protected Groups:

- Individual with a disability
- Vietnam-era veteran (served between 1964-1975)
- Disabled veteran