

Have you been convicted of a felony within the last 7 years? No Yes

If Yes, please explain _____

Do you currently have a valid New Jersey Driver's license? Yes No

If Yes, write down your Driver license number _____

If No, please explain reason(s) why you do not have a valid Driver's License. _____

The Township of Florence wants its employees to maintain a Driver's License which is valid and in good standing during the entire length of their employment.

Do you understand this statement? Yes No

A valid Driver's License is often a standard requirement to hold a particular position or to do a certain work assignment. Therefore, loss of a Driver's License while employed for Florence Township could result in a reassignment of duties.

Do you understand this statement? Yes No

Are there workplace accommodations, which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes No

If Yes, Please indicate: _____

Indicate what foreign languages you speak, read, and/or write.

	Fluently	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

List professional, trade, business, or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin) _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

	Elementary	High	College University	Graduate/Professional
School Name	_____	_____	_____	_____
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree		_____	_____	_____
Describe Course Of Study		_____	_____	_____
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities	_____			
Honors Received:	_____			

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

___ Handicapped Individual

___ Disabled Veteran

___ Vietnam Era Veteran

Signed _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex, or national origin.

1. Employer _____ Dates Employed From _____ To _____
Address _____
Job Title _____ Supervisor _____
Hourly Rate/Salary Starting _____ Final _____
Reason for Leaving _____
Work Performed _____

2. Employer _____ Dates Employed From _____ To _____
Address _____
Job Title _____ Supervisor _____
Hourly Rate/Salary Starting _____ Final _____
Reason for Leaving _____
Work Performed _____

3. Employer _____ Dates Employed From _____ To _____
Address _____
Job Title _____ Supervisor _____
Hourly Rate/Salary Starting _____ Final _____
Reason for Leaving _____
Work Performed _____

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open Yes No

Position(s) Considered For _____

Date _____

Arrange Interview Yes No

Remarks _____

Interviewer _____

Date _____

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title

Date _____

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source: ___Advertisement ___Friend ___Relative ___Walk-In
 ___Employment Agency ___Other _____

Name _____ Date _____
 Last First Middle

Address _____
 Number Street City State Zip Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check One: ___Male ___Female

Race/Ethnic Group: ___White ___Black ___Hispanic
 ___ American Indian/Alaskan Native ___Asian/Pacific Islander

Check if any of the following are applicable:

 ___ Vietnam Era Veteran ___ Disabled Veteran ___ Handicapped Individual