



Borough of Spotswood

77 Summerhill Road, Spotswood, NJ 08884

Phone 732-251-0700 Fax 732-251-1359

www.spotswoodboro.com

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, gender, sexual orientation, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

PLEASE PRINT

Position Desired:

Application Date:

Last Name

First Name

Middle Initial

Street Address

City

State

Zip

Social Security Number

Home Phone

Cell Phone

Work Phone

Fax Number

Email Address

Have you ever filed an application with the Borough before?

If yes, date: _____

Yes _____ No _____

Have you ever worked for the Borough before?

If yes, date: _____

Yes _____ No _____

Are you currently employed?

Yes _____ No _____

If yes, may we contact your present employer?

Yes _____ No _____

Are you lawfully eligible to be employed in the USA?

(Pursuant to Federal Law, proof of US citizenship or immigration status will be required if hired.)

Yes _____ No _____

If you are under 18 years of age, can you provide proof of eligibility to work?

Yes _____ No _____

EMPLOYMENT HISTORY

Begin with your current or most recent employment. Attach resume if applicable. Include any job-related military assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other legally protected status.

| | |
|-----------------------|---|
| EMPLOYER/COMPANY NAME | TELEPHONE NUMBER |
| ADDRESS | |
| DATE EMPLOYED FROM: | TO: |
| JOB TITLE | SALARY/HOURLY RATE BEGINNING: ENDING: |
| JOB DESCRIPTION | |
| REASON FOR LEAVING | |
| IMMEDIATE SUPERVISOR | MAY WE CONTACT? |

| | |
|-----------------------|---|
| EMPLOYER/COMPANY NAME | TELEPHONE NUMBER |
| ADDRESS | |
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| |
|-----------|
| COMMENTS: |
|-----------|

MILITARY SERVICE

| | | |
|--|----------------------|----------|
| Have you served in the US Military? | Yes _____ | No _____ |
| Rank at Time of Discharge _____ | Discharge Date _____ | |
| Are you currently a member of the National Guard Reserves? | Yes _____ | No _____ |
| Have you ever had job-related training in the US Military? | Yes _____ | No _____ |
| If yes, please describe: | | |
| | | |
| | | |
| | | |

EDUCATION

| LEVEL OF EDUCATION | NAME AND LOCATION OF SCHOOL | NO. OF YEARS COMPLETED | DID YOU GRADUATE? | MAJOR FIELD OF STUDY |
|--------------------|-----------------------------|------------------------|-------------------|----------------------|
| High School | | | | |
| College | | | | |
| Technical or Trade | | | | |

SPECIAL SKILLS AND QUALIFICATIONS

| |
|--|
| Summarize any additional special job-related skills and qualifications acquired from employment or other experience. |
| |
| |
| |
| |

PHYSICAL RECORD

| | | |
|---|-----------|----------|
| Do you have any physical limitations that preclude you from performing any work for which you are being considered? | Yes _____ | No _____ |
| If yes, what can be done to accommodate your limitation: | | |
| | | |

REFERENCES

Please provide the names and contact information of three (3) people you have known for at least a year.
References must exclude relatives and previous employers or supervisors.

| NAME | PHONE | EMAIL | YEARS KNOWN |
|------|-------|-------|-------------|
| | | | |
| | | | |
| | | | |

Are you now, or have you ever been, a member of the New Jersey Public Employees Retirement System, or the New Jersey Police and Fireman's Retirement System?

NO _____ Current Member _____ Past Member _____

APPLICANT'S STATEMENT

I certify that the 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.

This application for employment shall be considered active for a period of time not to exceed on (1) year.

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 employer.

NOTICE TO EMPLOYEES AND APPLICANTS THAT CONSUMER REPORTS MAY BE OBTAINED.

I understand that, in compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act), and applicable state law, that consumer reports, including credit bureau reports, motor vehicle reports, criminal records, drug tests, consumer investigations, and medical information may be obtained in connection with my application for employment or continued employment. If obtained, this consumer report may be used in making decisions concerning my application for employment and/or continued employment with the Borough of Spotswood.

APPLICANT SIGNATURE _____ DATED _____

ADMINISTRATION OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____

INTERVIEWED BY: _____ DATE: _____

POSITION: _____ DEPARTMENT/DIVISION _____

HIRED: Yes _____ No _____ SALARY/WAGE: _____ START DATE: _____

APPROVED: 1. _____ 2. _____
Department/Division Head
Business Administrator

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j): As the prospective employer, the Borough of Spotswood must ask a potential employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to whom the potential employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the potential employee admits that he or she had a positive test or a refusal to test, the Borough must not use the employee to perform safety-sensitive functions, until and unless the employee documents successful completion of the return-to-duty process. [See Sec. 40.25(b)(5) and (e)]

PROSPECTIVE EMPLOYEE _____ ID # _____
PLEASE PRINT

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes No

2. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Yes No

I certify that the information provided on this document is true and correct.

PROSPECTIVE EMPLOYEE _____ DATE _____
SIGNATURE

WITNESSED BY _____ DATE _____
SIGNATURE

DRIVER'S ADDENDUM
COMPLETE WHEN APPLICABLE TO POTENTIAL EMPLOYMENT

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED); IF NONE, WRITE **NONE**.

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES | HAZARDOUS MATERIAL SPILL |
|----------------|--|------------|----------|-----------------------------|
| LAST ACCIDENT: | | | | |
| NEXT PREVIOUS: | | | | |
| NEXT PREVIOUS: | | | | |

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS); IF NONE, WRITE **NONE**.

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPERATION DATE |
|--------------------|-------|-------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit, or privilege ever been suspended or revoked? YES _____ NO _____

If yes to A. or B., provide details: _____

DRIVING EXPERIENCE – CHECK YES OR NO

| CLASS OF EQUIPMENT | CIRCLE TYPE OF EQUIPMENT | DATES | | APPROX. NO. OF MILES (TOTAL) |
|--|--|---------------------------------|----------|------------------------------------|
| | | FROM (M/Y) | TO (M/Y) | |
| STRAIGHT TRUCK | <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN – TANK – FLAT- DUMP – REFER | | |
| TRACTOR & SEMI-TRAILER | <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN – TANK – FLAT- DUMP – REFER | | |
| TRACTOR – 2 TRAILERS | <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN – TANK – FLAT- DUMP – REFER | | |
| TRACTOR – 3 TRAILERS | <input type="checkbox"/> YES <input type="checkbox"/> NO | VAN – TANK – FLAT- DUMP – REFER | | |
| MOTORCOACH-SCHOOL BUS (MORE THAN 8 PASSENGERS) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| MOTORCOACH-SCHOOL BUS (MORE THAN 15 PASSENGERS) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

STATES OPERATED IN FOR LAST 5 YEARS _____

SPECIAL COURSES AND/OR PERTINIENT TRAINING _____

SAFE DRIVING AWARDS – FROM WHOM? _____

APPLICANT CERTIFICATION

This certifies that this application addendum was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____ Date _____