



# 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, 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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JOB DESCRIPTION	
REASON FOR LEAVING	
IMMEDIATE SUPERVISOR	MAY WE CONTACT?

COMMENTS:
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## 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.

## 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.
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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 \_\_\_\_\_

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#### 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 \_\_\_\_\_