



TOWN OF SECAUCUS
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

(Please Print)

Application Date: ____/____/____

Last Name:		First Name:		Middle Initial:	Social Security #:
Street Address:			City:	State:	Zip Code:
Home Number:		Cell Number:		E-mail:	

Type of work applying for:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal Summer / Winter
Available Start Date:	Desired Salary:

How Did You Learn About Job(s) with the Town?

Advertisement: _____ Employee referral: _____ Job Fair: _____

Self: _____ Relative: _____ Other: _____

EDUCATION

List Schools Attended	Name and Location of School	Degree Obtained	Course of Study Major / Minor	Did You Graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL

1. Have you worked for the Town of Secaucus? If yes, when? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you applied to the Town of Secaucus in the past 24 months? If yes, when? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If you are under 18 years of age, can you provide required proof (working papers) of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you possess a valid driver license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you possess a Commercial Class B driver's license with a passenger endorsement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you a U.S. Citizen or, pursuant to U.S. Immigration Laws, authorized to accept and assume immediate employment with the Town of Secaucus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you currently have any relatives working for the Town of Secaucus? If yes, Employee's Name: _____ Relationship to you: _____ Department: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Were you in the U.S. Armed Forces? If so, what branch? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments. You may exclude organizations, which indicate race, color, religion, gender, national origin, disability or other protected status.

Month/Year of Employment From: To:	Current Employer's Name/Address	Brief Description of Work Performed	Current Job Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Current Supervisor's Name / Title / Phone		Reason For Leaving	Annual Salary
Month/Year of Employment From: To:	Employer's Name/Address	Brief Description of Work Performed	Job Title	
	Supervisor's Name/Title/Phone		Reason For Leaving	Annual Salary
Month/Year of Employment From: To:	Employer's Name/Address	Brief Description of Work Performed	Job Title	
	Supervisor's Name/Title/Phone		Reason For Leaving	Annual Salary
Month/Year of Employment From: To:	Employer's Name/Address	Brief Description of Work Performed	Job Title	
	Supervisor's Name/Title/Phone		Reason For Leaving	Annual Salary
Month/Year of Employment From: To:	Employer's Name/Address	Brief Description of Work Performed	Job Title	
	Supervisor's Name/Title/Phone		Reason For Leaving	Annual Salary

Special Skills and Qualifications - Summarize special job-related skills and qualifications acquired from employment or other experience.

References (Required) Please list supervisors and/or other company representatives who are familiar with your skills and job performance; OR please list persons who are not related to you and whom you have known at least one year.

Name	Title	Address	Phone

Please explain why you are interested in working for the Town of Secaucus while addressing how your skills, experiences and career interests match this position.

(Your answer should be brief and take no more than 5 minutes to complete.)

The Town of Secaucus is committed to providing equal opportunity to all employees and applicants for employment without regard to race, color, creed, religion, gender, age, national origin, affectional or sexual orientation, ancestry, marital and familial status, status as a Vietnam-era or special disabled veteran, disability, genetic information and or any other characteristic protected by law.

PLEASE READ AND SIGN BELOW

The facts set forth in this application for employment are true and complete. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the Town of Secaucus in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the Governing Body has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed. You are hereby authorized to conduct a background check through any investigative sources you choose. I hereby give permission to contact any or all former employers concerning my prior work experience. I further understand that if I am employed, any false statement on this application shall be considered sufficient cause for dismissal.

Signature of Applicant

Date