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# ◆ TOWNSHIP OF STAFFORD ◆

OCEAN COUNTY  
260 EAST BAY AVE • MANAHAWKIN, NJ • 08050-3329

Gregory Myhre  
Mayor

Matthew von der Hayden  
Administrator



## TOWNSHIP OF STAFFORD EMPLOYMENT APPLICATION

POSITION APPLIED FOR: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

CURRENT ADDRESS:

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

LIST YOUR PREVIOUS ADDRESS IF YOU HAVE LIVED AT YOUR CURRENT ADDRESS FOR LESS THAN FIVE YEARS:

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### EDUCATIONAL BACKGROUND

HIGH SCHOOL OR TRADE SCHOOL

ATTENDED: \_\_\_\_\_

DID YOU GRADUATE: YES/NO

IF YES, IN WHAT YEAR: \_\_\_\_\_

COLLEGE ATTENDED: \_\_\_\_\_

DID YOU GRADUATE: YES/NO

IF YES, IN WHAT YEAR: \_\_\_\_\_

MAJOR FIELD OF STUDY: \_\_\_\_\_

GRADUATE SCHOOL ATTENDED: \_\_\_\_\_

DID YOU GRADUATE: YES/NO

IF YES, IN WHAT YEAR: \_\_\_\_\_

MAJOR FIELD OF STUDY: \_\_\_\_\_

PLEASE LIST ANY VALID CERTIFICATIONS AND/OR LICENSES THAT YOU CURRENTLY HOLD.

\_\_\_\_\_

PLEASE LIST ANY OTHER EDUCATIONAL EXPERIENCE WHICH YOU FEEL TO BE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

PLEASE LIST ALL WORK EXPERIENCE, BEGINNING WITH YOUR CURRENT OR MOST RECENT POSITION:

EMPLOYER: \_\_\_\_\_  
ADDRESS OF EMPLOYER: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING THE POSITION: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
ADDRESS OF EMPLOYER: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING THE POSITION: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
ADDRESS OF EMPLOYER: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING THE POSITION: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
ADDRESS OF EMPLOYER: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON FOR LEAVING THE POSITION: \_\_\_\_\_  
\_\_\_\_\_

**MILITARY EXPERIENCE:**

HAVE YOU SERVED OR ARE YOU CURRENTLY SERVING IN ANY BRANCH OF THE US ARMED SERVICES?  
YES/NO

IF YES, WHAT BRANCH OF THE ARMED SERVICES? \_\_\_\_\_  
WHAT WERE THE DATES OF YOUR SERVICE? FROM \_\_\_\_\_ TO \_\_\_\_\_  
DID YOU RECEIVE AN HONORABLE DISCHARGE? YES/NO  
IF YES, ON WHAT DATE? \_\_\_\_\_  
IF NO, WHAT WERE THE CIRCUMSTANCES OF YOUR DISCHARGE?

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION:**

PLEASE LIST ANY RELATIVES EMPLOYED BY STAFFORD TOWNSHIP: \_\_\_\_\_  
\_\_\_\_\_

IF THE JOB FOR WHICH YOU ARE APPLYING INVOLVES OPERATING A TOWNSHIP VEHICLE, DO YOU HAVE A VALID NEW JERSEY'S DRIVERS LICENSE? YES/NO

DO YOU CURRENTLY HOLD A CDL LICENSE? YES/NO

DO YOU HAVE TRANSPORTATION TO AND FROM WORK? YES/NO

DO YOU REQUIRE ANY ACCOMMODATION FROM THE TOWNSHIP TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? YES/NO  
IF YES, PLEASE LIST THE TYPE OF ACCOMMODATION REQUIRED

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

PLEASE LIST THREE PROFESSIONAL AND THREE PERSONAL REFERENCES. UNDER THE CATEGORY OF PROFESSIONAL REFERENCES, PLEASE INCLUDE FORMER EMPLOYERS OR SUPERVISORS WHO ARE IN A POSITION TO DISCUSS YOUR WORK RECORD.

**PROFESSIONAL REFERENCES:**

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

**PERSONAL REFERENCES: (PLEASE DO NOT INCLUDE RELATIVES)**

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

**CERTIFICATION:**

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I REALIZE THAT GIVING FALSE INFORMATION ON THIS FORM OR DURING MY INTERVIEW MAY RESULT IN MY DISQUALIFICATION FOR EMPLOYMENT OR TERMINATION OF MY EMPLOYMENT IF I HAVE ALREADY BEEN APPOINTED.

I AUTHORIZE THE TOWNSHIP OF STAFFORD TO CONDUCT A BACKGROUND INVESTIGATION PERTAINING TO MY QUALIFICATIONS AND THE STATEMENTS CONTAINED IN THIS APPLICATION. I FURTHER AUTHORIZE THE TOWNSHIP TO CONTACT THE REFERENCES I HAVE LISTED ON MY APPLICATION. I UNDERSTAND THAT THIS BACKGROUND INVESTIGATION MAY INCLUDE THE FOLLOWING, AND I, HEREBY, GIVE MY CONSENT: CREDIT CHECK, REFERENCE CHECK, CRIMINAL HISTORY CHECK, REVIEW OF DRIVING RECORD, PHYSICAL EXAMINATION, INCLUDING DRUG SCREENING (TO BE CONDUCTED AFTER EMPLOYMENT IS OFFERED BY THE TOWNSHIP.)

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_