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

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

COLLEGE ATTENDED: _____

DID YOU GRADUATE: YES/NO

MAJOR FIELD OF STUDY: _____

GRADUATE SCHOOL ATTENDED: _____

DID YOU GRADUATE: YES/NO

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: _____

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ADDRESS OF EMPLOYER: _____
SUPERVISOR: _____
JOB TITLE: _____
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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:* _____