

BOROUGH OF  
**NEW PROVIDENCE**

SETTLED IN 1720

**Employment Application**

*The Borough of New Providence welcomes all applicants for consideration for any and all positions within the Borough without regard to race, creed, color, national origin, ancestry, age, marital status, civil union status, domestic partnership status, affectional or sexual orientation, generic information (including refusal to submit to a genetic test or make available the results of a genetic test), pregnancy, sex, gender identity or expression, disability or atypical hereditary cellular or blood trait of any individual, liability for service in the Armed Forces of the United States, nationality, and/or any other characteristic protected by law*

*Please Print Clearly*

Position(s) Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you legally eligible to work in the United States of America? \_\_\_\_\_ Yes \_\_\_\_\_ No

On what date are you available to work? \_\_\_\_\_

Are you available to work : \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Shift Work

Are you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an employment application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please list for what positions(s) and date of application:

\_\_\_\_\_

Have you ever been employed by the Borough of New Providence? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please list position and time period which you were employed:

\_\_\_\_\_

**Education**

Where did you attend High School?

Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you graduate High School? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, do you have a GED? \_\_\_\_\_ Yes \_\_\_\_\_ No

Colleges / Universities	City / State	Major	Degree Received (AA, BS, MBA, etc.)

Trade or Other School	City / State	Name of Course or Training	Certification Received

List any other licenses or certificates you may have along with any special skills (license to operate special equipment, computer skills etc.)

**Driver's License**

If driving a car or other vehicle is required for this position,  
do you have a valid New Jersey Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

If a Commercial Driver's License is required for this position,  
do you possess a valid New Jersey CDL? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, provide the number and class of license: \_\_\_\_\_

## **Employment History**

Begin with your current or most recent position, and go back at least 7 years, if applicable. Include any job-related military service, internships and/or apprentice work. List all employers and explain any gaps in employment. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Name of Employer: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Dates of employment: _____ to _____
Title Held: _____
Hours per week: _____
Name and Title of Supervisor: _____
Phone: _____ May we contact them? _____ Yes _____ No
Reason for leaving: _____
_____
Describe your duties: _____
_____
_____

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Street Address: _____
City: _____ State: _____ Zip: _____
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_____
_____

Name of Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ to \_\_\_\_\_  
Title Held: \_\_\_\_\_  
Hours per week: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ May we contact them? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ to \_\_\_\_\_  
Title Held: \_\_\_\_\_  
Hours per week: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_ May we contact them? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Dates of employment: \_\_\_\_\_ to \_\_\_\_\_  
 Title Held: \_\_\_\_\_  
 Hours per week: \_\_\_\_\_  
 Name and Title of Supervisor: \_\_\_\_\_  
 Phone: \_\_\_\_\_ May we contact them? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Describe your duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References**

Please provide the necessary information for three (3) personal references whom we may contact. References should not be relatives or former supervisors. Coworkers and professional colleagues may be used.

Name (First & Last)	Phone Number	Relationship	Years Known

Please list any additional information you feel may be helpful for consideration:

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

## **Applicant's Statement**

As the Applicant, I hereby certify that the answers given herein are true and complete to the best of my knowledge. I understand that any false or misleading information or omissions in my application or interview(s) may disqualify me from further consideration for employment and if discovered at a later time, may result in discharge. In the event of employment, I also understand that I am required to abide by all rules and regulations of the Borough of New Providence ("the Borough").

I understand and hereby acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Borough is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Borough.

This application for employment shall be considered active for a period of time not to exceed sixty (60) days. I further understand that any applicant wishing to be considered for employment beyond this time period should inquire whether or not applications are being accepted at that time.

I hereby authorize the Borough to investigate and verify statements contained in this application for employment as may be necessary in arriving at an employment decision, including but not limited to, contacting the references and former employers (except where I have indicated they may not be contacted). I hereby release and agree to hold harmless the Borough and its officers, employees and representatives from any liability that may arise from the Borough's investigation and verification of my application, credentials and qualifications for employment

I agree that a photocopy of this signed application may be used as an original.

I understand the Borough of New Providence is an equal-opportunity employer and does not discriminate in its hiring or other personnel practices. I understand that the Borough will make reasonable accommodations as required by Federal and/or State law, where such reasonable accommodations will not create undue hardship for the Borough.

I understand that I must submit proof of legal eligibility to work in the United States if I am hired. I also understand that any offer of employment from the Borough may be contingent upon my successful completion of a background check, pre-employment drug test, pre-employment physical examination and/or other tests relevant to and/or required by the position I seek.

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Signature of Applicant

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Date

<b><u>Personnel Department Use Only</u></b>	
Interview Date: _____	
Remarks:	
Second Interview Date: _____	
Remarks:	
Employed:        _____ Yes        _____ No	
Date of Employment: _____	Salary/Hr. Wage: _____
Job Title: _____	Department: _____
Approved by: _____ (signature)	Date: _____