



Date:

Employment Application

Applicant Information

Full Name:

Date of Birth:

Address:

Email:

Phone:

Position Information

Position applied for:

Have you applied to Voorhees Township before?:
If yes, when?

Desired salary:

Date available to
start:

Job type (circle one): Full-time Part-time Shift work Temporary

Are you currently employed?:
If yes, may we contact your employer?

Are you currently on layoff status & subject to recall?: Yes No

Do you possess a current driver's license?: Yes No

Do you possess a current commercial driver's license?: Yes No

Please list any endorsements:

If you are under 18 years of age, can you provide proof
of eligibility to work?:

Are you legally eligible to work in the United States of America?: Yes No
*Pursuant to Federal Law, proof of US Citizenship or immigration status
will be required if you are hired.*

Employment History

This section must be completed even if you attach a resume. List your last four employers and major assignments within the same employer. Beginning with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked "comments" located at the bottom of this page.

Employer:	Date started:	Date left:	Work performed/responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes/No			

Employer:	Date started:	Date left:	Work performed/responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes/No			

Employer:	Date started:	Date left:	Work performed/responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes/No			

Employer:	Date started:	Date left:	Work performed/responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes/No			

Comments:

Educational Background

Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as academic, business, or trade.

Degree	Institution	Year of Completion & Field

Languages

List any foreign languages you know and indicate your level of proficiency.

Language	Level (Speak some, speak fluent)	Read or Write?

Special Skills & Experience

List any special skills, experience, training, licenses, certifications, or other factors that make you especially qualified for the position that you are applying for.

Comments & Additional Information

Is there any additional information that we should know about you?

References

Provide the names, addresses, and phone numbers of three people whom we may contact as a reference. Please do not list any relatives.

Name & Address	Phone / Email	Years Known

Understandings & Agreements

As an applicant for a position with Voorhees Township, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if Voorhees Township later discovers that information on this form was incomplete, untrue, or inaccurate. I give Voorhees Township the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give Voorhees Township the right to secure additional job-related information about me. I release Voorhees Township and its representatives from all liability for seeking such information.

I understand that Voorhees Township is an equal-opportunity employer and does not discriminate in its hiring practices. I understand Voorhees Township will make reasonable accommodations as required by the Americans with Disabilities Act and New Jersey Law Against Discrimination. I understand that, if employed, I may resign at any time and that Voorhees Township may terminate me at any time in accordance with its established policies and procedures. No representatives of Voorhees Township may make any assurances to the contrary.

I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. For your application to be considered, you must sign and date below.

Applicant's Signature: _____ Date: _____

Voluntary Affirmation Action Information

You are not required to provide this information. Provide only if you wish. If you provide information on this page, it will be filed separately from the job application. This information will be used only for the purposes of the affirmative action program

Applicant Information

Full Name: _____

Address: _____

Phone: _____

Email: _____

Position applied for:

How did you hear about this position?: ____Advertisement

____Employment Agency

____Friend ____Relative ____Other (explain):

Information Regarding Status

Gender: ____Male ____Female

Equal Employment Opportunity Identification Groups:

____White

____African American (non-Hispanic)

____Hispanic

____American Indian/Alaskan native

____Asian/Pacific Islander

____Other: _____

Other Protected Groups:

_____Individual with a disability

_____Vietnam-era Veteran (served between 1964 & 1975)

_____Disabled Veteran

For Voorhees Township Use Only

Hired?: Yes ____ No ____ Position: _____

Date: _____

Which EEO job classification best describes the position for which the applicant applied?

1. Officials & Managers

2. Professionals

3. Technicians

4. Sales Workers

5. Office & Clerical Workers

6. Craft Workers (skilled)

7. Operators (semi-skilled)

8. Laborers (unskilled)

9. Service Workers

Voorhees Township Official: _____

Date: _____