



**APPLYING FOR POSITION**

Public Works \_\_\_\_\_ Water Facility \_\_\_\_ Trash Collection \_\_\_\_\_  
School Crossing Guard \_\_\_\_\_ Substitute School Crossing Guard \_\_\_\_\_

Part-time Employment: \_\_\_\_\_ Full-Time Employment: \_\_\_\_\_

Start Date: \_\_\_\_\_ Hourly Rate Desired: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Currently Employed: Yes \_\_\_\_\_ No \_\_\_\_\_

If employed, may we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied to the City before? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked for the City before? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for leaving prior employment by the City: \_\_\_\_\_

Do you have any relatives who work for the City? Yes \_\_\_\_ No \_\_\_\_\_

If yes, please list their names: \_\_\_\_\_

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**EDUCATION**

High School Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ Level Completed \_\_\_\_\_ GED \_\_\_\_\_

College Attendance: Yes \_\_\_\_\_ No \_\_\_\_\_ Yrs. \_\_\_\_\_ Degree: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what type of Degree: \_\_\_\_\_

**SPECIAL SKILLS**

Subjects of special study or research work: \_\_\_\_\_

Special training: \_\_\_\_\_

Special skills: \_\_\_\_\_

Special licenses or permits: \_\_\_\_\_

Speak language(s) beside English: \_\_\_\_\_

Memberships in Union, Professional or Trade Organizations: Yes \_\_\_\_\_ No \_\_\_\_\_

List: \_\_\_\_\_

Memberships in Civic or Service Organizations: \_\_\_\_\_

List: \_\_\_\_\_

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**FORMER EMPLOYERS**

Name and address of Current or former employer: \_\_\_\_\_

Employment Began: \_\_\_\_\_ Ended: \_\_\_\_\_  
Month/Year Month/Year

Annual Salary \_\_\_\_\_ or Hourly Rate \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor? \_\_\_\_\_ Contact: Yes \_\_\_\_\_ No \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (c) \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and address of Current or past employer: \_\_\_\_\_

Employment Began: \_\_\_\_\_ Ended: \_\_\_\_\_  
Month/Year Month/Year

Annual Salary \_\_\_\_\_ or Hourly Rate \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor? \_\_\_\_\_ Contact: Yes \_\_\_\_\_ No \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (c) \_\_\_\_\_

Description of work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.**

Name	Address	Years Acquainted
1.		
2.		
3.		

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**SERVICE RECORD**

**Branch of Service:** \_\_\_\_\_ **Induction Date:** \_\_\_\_\_

**Rank Upon Discharge:** \_\_\_\_\_ **Discharge Date:** \_\_\_\_\_

**AUTHORIZATION:**

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

I authorize investigation of all statements, previous employers, and references contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In consideration of my employment, I agree to conform to the City's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at either my or the City's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause, and with or without notice, at any time by the City. I understand that no City representative other than The City of Bordentown acting as a body, and then only when in writing, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Date: \_\_\_\_\_

**Signature:**

\_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER:**

The City of Bordentown is an Equal Employment Opportunity Employer. Applicants are considered for all positions, and are treated without regard to race, creed, color, national origin, nationality, ancestry, age, marital status, affectional or sexual orientation, genetic information, sex, atypical hereditary cellular or blood trait, liability for military service in the Armed Forces of the United States, handicap, or disability. All qualified applicants are welcome to submit applications for employment. As an employer, the City complies with government regulations and affirmative action responsibilities.

## ARBITRATION AGREEMENT

As a condition of my employment with The City of Bordentown, I agree to waive my right to a jury trial in any action or proceeding related to my employment with the City. This waiver shall apply to any claims that I may have under either federal or state law including, but not limited to, claims under the Law Against Discrimination, the Family Leave Act, or the Americans with Disabilities Act. I understand and acknowledge that I am waiving my right to a jury trial voluntarily and knowingly, and free from duress or coercion of any type. I acknowledge and understand that I have a right to consult with a person of my own choosing, including an attorney-at-law, before signing this document.

I hereby agree that all disputes with the City relating to my employment or termination that are covered by the provisions of any collective bargaining agreement shall be presented and decided in accordance with the terms of that collective bargaining agreement. I further agree that all other claims that I may have under federal or state law relating to my employment with, or termination by the City, including but not limited to claims under the Law Against Discrimination, the Family Leave Act, or the Americans with Disabilities Act, shall be decided by an arbitrator pursuant to the labor relations procedures of the American Arbitration Association.

I understand and acknowledge that the New Jersey Supreme Court has upheld the validity of this form of arbitration agreement in the case of *Martindale v. Sandvik, Inc.*, 173 N.J. 76 (2002) and I further agree not to challenge or contest the validity of this arbitration agreement in any state or federal court.

I acknowledge that the City has given adequate consideration, that is, something of value to me, in exchange for the promises that I have made in this arbitration agreement. This consideration includes the City's willingness to consider me for employment and, if an offer is extended, the commencement of employment, the provision of compensation during the period of employment and my on-going employment with the City.

I have read the foregoing arbitration agreement and understand it completely. I agree to be bound by this arbitration agreement.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

The City of Bordentown  
324 Farnsworth Avenue  
Bordentown, NJ 08505

**AUTHORIZATION FOR RELEASE OF PRIOR EMPLOYMENT INFORMATION**

The below named individual is seeking employment with The City of Bordentown ("City") and has indicated that he/she worked at your company. Please verify the following information.

Name of individual: \_\_\_\_\_

Address of individual: \_\_\_\_\_

I authorize the City and any persons or companies listed on this form to verify my employment, education, and all other job-related qualifications. I also authorize the City and all persons and companies to furnish, release, request and receive and evaluate such information. I have read and understand this statement.

**Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**The information you furnish will be held in the strictest confidence.**

Name of your company: \_\_\_\_\_

Address of your company: \_\_\_\_\_

Dates of Employment: Begin: \_\_\_\_\_ End \_\_\_\_\_

Position Upon Separation: \_\_\_\_\_ Wage: \_\_\_\_\_ (hourly/salary)

Reason for Separation: \_\_\_\_\_

Eligible for Rehire: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, briefly explain: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

THE CITY OF BORDENTOWN  
324 FARNSWORTH AVENUE  
BORDENTOWN, NJ 08505  
(609) 298-0604

**AUTHORIZATION TO CONDUCT A POLICE RECORDS  
AND CRIMINAL BACKGROUND INVESTIGATION,  
FOR RELEASE OF SUCH INFORMATION  
BY ANY LAW ENFORCEMENT OFFICIAL  
AND FOR RELEASE OF ALL CLAIMS RELATED THERETO**

Full Name (do not use initials): \_\_\_\_\_

Aliases: \_\_\_\_\_

Current Address: \_\_\_\_\_

Prior Addresses in last 10 years: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(city/state)

**AUTHORIZATION TO CONDUCT A POLICE RECORDS AND CRIMINAL BACKGROUND  
INVESTIGATION**

I am seeking employment with The City of Bordentown. I hereby authorize The City of Bordentown to conduct a police records and criminal background investigation on me through any local, state, or federal law enforcement agency. I authorize The City of Bordentown to provide a copy of my employment application to such local, state, or federal law enforcement agency. I authorize the City to request, receive, evaluate, and use such information. I hereby certify that the information provided herein is true and correct in all respects and is complete and does not omit any relevant information. I have given this authorization voluntarily and of my own free will. I have read and understand this statement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF POLICE RECORDS AND CRIMINAL BACKGROUND  
INVESTIGATION INFORMATION BY ANY LAW ENFORCEMENT OFFICIAL**

I hereby authorize any local, state, or federal law enforcement agency to perform a police records and criminal background investigation on me and to release such information to The City of Bordentown. I have given this authorization voluntarily and of my own free will. I have read and understand this statement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELEASE**

For the consideration of my employment application, I hereby release and forever discharge The City of Bordentown and all local, state, and federal law enforcement agencies from all claims that I may have related to the request for, and performance of, a police records and criminal background investigation on me and the release, receipt, evaluation and use of such information. I have given this release voluntarily and of my own free will. I have read and understand this statement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Voluntary Affirmative 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 purposes of the affirmative action program

### Applicant Information:

Name: \_\_\_\_\_

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

City/town: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Position Applied For: \_\_\_\_\_

How did you learn about this position?

\_\_\_ Advertisement; \_\_\_ Employment Agency; \_\_\_ Friend; \_\_\_ Relative; \_\_\_ Walk-in; \_\_\_ Other

(Explain): \_\_\_\_\_

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 and 1975)

\_\_\_ Disabled veteran

**For City use only:**

Hired: \_\_ Yes \_\_ No Position \_\_\_\_\_ Date \_\_\_\_\_

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

- |                              |                                |                            |
|------------------------------|--------------------------------|----------------------------|
| 1. Officials and Managers    | 4. Sales workers               | 7. Operators(semi-skilled) |
| 2. Professionals (unskilled) | 5. Office and clerical workers | 8. Laborers                |
| 3. Technicians workers       | 6. Craft workers (skilled)     | 9. Service                 |

City Official \_\_\_\_\_

Date \_\_\_\_\_

**This page for City use only!**  
**Results of interview**

**Interviewer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_