

School Level	of School	attended	graduate	study
Grammar School				XXXXXXXXXXXX
High School				
College				
Trade, business or correspondence school				

SPECIAL SKILLS:

Subjects of special study or research work: _____

Special training: _____

Special skills: _____

Special licenses or permits: _____

What foreign languages do you speak fluently? _____

List memberships in any union or professional or trade organizations: _____

List memberships in any civic or service organizations: _____

FORMER EMPLOYERS: (List below last three employers, starting with last one first)

Name and address of present or last employer: _____

Date started: _____ Leaving Date: _____

Weekly starting salary: _____ Weekly final salary: _____

Job Title: _____ May we contact your supervisor? _____

Name and title of supervisor: _____ Phone No. _____

Description of work: _____

Reason for leaving: _____

Name and address of present or last employer: _____

Date started: _____ Leaving Date: _____

Weekly starting salary: _____ Weekly final salary: _____

Job Title: _____ May we contact your supervisor? _____

Name and title of supervisor: _____ Phone No. _____

Description of work: _____

Reason for leaving: _____

Name and address of present or last employer: _____

Date started: _____ Leaving Date: _____

Weekly starting salary: _____ Weekly final salary: _____

Job Title: _____ May we contact your supervisor? _____

Name and title of supervisor: _____ Phone No. _____

Description of work: _____

Reason for leaving: _____

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

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

SERVICE RECORD:

Branch of Service: _____ Induction Date: _____

Rank: _____ 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 individual worked for your company: From _____ To _____

Position held when individual left your company: _____

Why did individual leave your company? _____

Please rate the individual in the following areas:

	Unsatisfactory	Satisfactory	Comments:
Attendance:	{ }	{ }	_____
Cooperation:	{ }	{ }	_____
Performed Assigned work:	{ }	{ }	_____
Overall Assessment:	{ }	{ }	_____

Would you re-employee this individual? _____ 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: _____

**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 any and 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): _____

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 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

5. Office and clerical workers

8. Laborers (unskilled)

3. Technicians

6. Craft workers (skilled)

9. Service workers

City Official _____ Date _____

This page for City use only!

Results of interview

Interviewer: _____

Date: _____ **Time:** _____