## Township of Aberdeen

One Aberdeen Square Aberdeen, NJ 07747

DATE:	
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## **Employment Application:**

Applicant Information:
Name (Last, First, Middle):Address:
City/Town: (Home): ( ) (Social Security Number:
Social Security Number: (Home): ( )
Position applied for:
Have you ever applied to the (local unit type) before: Yes No If yes, give date
Date you can start: Salary desired:
Are you available to work: Full time Part time Shift work Temporary
Are you currently employed:YesNo May we contact you at work:YesNo
May we contact your current employer: YesNo
Are you currently on layoff status and subject to recall:YesNo
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 eighteen years of age, can you provide proof of eligibility to work: YesNo
Are you legally eligible to work in the United States of America:YesNo Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

The Township of Aberdeen is an Equal Opportunity Employer M/F

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

Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:			responsibilities.
Job Title:	Starting Salary:		
THE.	Final Salary:		
Reason for leaving:			CALLY INCOME.
Supervisor's name and phone numbe	r:		
May we contact for a reference: Y	es No		
Employer:	Date started:	Date left:	Work performed/
Address:			responsibilities:
ridaress.	Starting Salary:		
Job Title:			
Dogge Carl	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number	:		
May we contact for a reference: Y	es No		
Employer:	Date started:	Date left:	Work performed/
Address:			responsibilities:
7,441.033.	Starting Salary:		
Job Title:			
Dangan fan Januis ar	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number	•		
May we contact for a reference: Yo	es No		
Employer:	Date started:	Date left:	Work performed/
		Date lett.	responsibilities:
Address:	Starting Salary:		_
Job Title:	Starting Salary:		
	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes	s No		Controller

### Comments:

Education: 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.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

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

Language:	Speak Some:	Speak Fluently:		
		•	Read:	Write:
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				<u> </u>

Special Skills & Experience: State certifications or other factors that make you capplying.	any special skills, experience, training, licenses expecially qualified for the position for which you ar
Comments & Additional Information should consider?	1: Is there any additional information about you we

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should <u>not</u> be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:
		And the second s

#### **Understandings and Agreements:**

As an applicant for a position with the (local unit type), 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 the (local unit type) later discovers that information on this form was incomplete, untrue, or inaccurate. I give the (local unit type) 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 the (local unit type) the right to secure additional job-related information about me. I release the (local unit type) and its representatives from all liability for seeking such information. I understand that the (local unit type) is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the (local unit type) 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 the (local unit type) may terminate me at any time in accordance with its established policies and procedures. No representatives of the (local unit type) 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 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:
low did you learn about this position?AdvertisementEmployment Agency FriendRelativeWalk-inOther (Explain)
nformation Regarding Status:
Male
Female
qual Employment Opportunity identification groups:White
African-American (non-Hispanic) Hispanic
American Indian/Alaskan native
Asian/Pacific Islander
Other
her protected Groups:
Individual with a disability
Vietnam-era veteran (served between 1964 and 1975)Disabled veteran