

# Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

## City of Perth Amboy

260 High Street  
Perth Amboy, NJ 08861



Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

### PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_

Name of Source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ - -

Email Address \_\_\_\_\_

Is a member of your immediate family\* currently employed by the City?  Yes  No

May we contact you at work?  Yes  No Phone: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

If you are under 18, can you furnish a work permit? \_\_\_\_\_  Yes  No

Are you legally eligible for employment in this country? \_\_\_\_\_  Yes  No

Date available for work \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you on lay-off and subject to recall? \_\_\_\_\_  Yes  No

Will you relocate if job requires it?  Yes  No Will you travel if job requires it? \_\_\_\_\_  Yes  No

Are you able to meet the attendance requirements of the position? \_\_\_\_\_  Yes  No

Will you work overtime if required? \_\_\_\_\_  Yes  No

Have you ever been bonded? \_\_\_\_\_  Yes  No

If yes, please explain \_\_\_\_\_

Driver's license number (if job-related) \_\_\_\_\_ State \_\_\_\_\_

\*Immediate family includes spouse, child, parent, mother-in-law, father-in-law, stepparent, stepchild, sibling, half-sibling, step-sibling, sister-in-law, brother-in-law, grandparents, daughter-in-law, son-in-law, grandchildren, niece, nephew, uncle, aunt, whether related by blood, marriage, or adoption or any person related by blood, marriage, or adoption residing in your household.

# Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone (    )	Dates Employed		Summarize the nature of the Work performed and job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer	Telephone (    )	Dates Employed		Summarize the nature of the Work performed and job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
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		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Comments ( including explanation of any gaps in employment )				

**Skills and Qualifications** – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying \_\_\_\_\_

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## Educational Background (if job related)

**A.** List last three (3) school attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank and **E.** Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

## References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known
	Area Code (      )	
	Area Code (      )	
	Area Code (      )	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

All persons to be employed shall reside within the City of Perth Amboy, City Code Chapter 4-132

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is **not** a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Referral Source

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-in                | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee               | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement – Source |   | <input type="checkbox"/> Other                     |

Name of person who referred you (if applicable)

## Applicant Information

Name \_\_\_\_\_ ( )  
Last First Middle Area Code Phone

Address \_\_\_\_\_  
Street City State Zip

- Male  Female

## Please check one of the following Equal Employment Opportunity Identification Groups:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Asian / Pacific Islander       |                                   |

## Special Notice

### Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- Vietnam era Veteran (served between 1964-1975)  Disabled Veteran  Individual with a disability

# For Personnel Department Use Only

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Position(s) applied for  Available  Not Available

Other positions considered for \_\_\_\_\_  
\_\_\_\_\_

Hired  Yes  No

Position hired for \_\_\_\_\_ Date of hire \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

From the EEO classifications listed below, which one best describes the position filled \_\_\_\_\_

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

Notes \_\_\_\_\_  
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Completed by \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_