

Borough of West Cape May

Date: _____

732 Broadway, West Cape May, NJ 08204
609-884-1005

Employment Application:

Applicant Information:			
Name	(Last,	First,	Middle):

Address:			

City/Town:			

Phone (Work): () _____ (Home): () _____			
Social Security Number: _____ - _____ - _____			

Position applied for:

Have you ever applied to the Borough before: ___ Yes ___ No

If yes, give date _____

Date you can start: _____

Salary desired: _____

Are you a retired or active member of a NJ State Pension Plan: ___ Yes ___ No

Are you available to work: ___ Full time ___ Part time ___ Shift work ___ Temporary

Are you currently employed: ___ Yes ___ No

May we contact you at work: ___ Yes ___ No

May we contact your current employer: ___ Yes ___ No

Are you currently on layoff status and 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 eighteen years of age,

can you provide proof of eligibility to work: ___ Yes ___ No

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.

Have you ever plead guilty or been found guilty of a crime; disorderly persons offense; or a municipal ordinance involving moral turpitude: ___ Yes ___ No

Employment is conditional upon the results of the criminal background check. An answer of "Yes" may disqualify you from employment depending upon the circumstances involved. If "Yes", please explain _____

The Borough of West Cape May 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	Work performed/ responsibilities:
Address:	left:		
Job Title:	Starting Salary:		
Final Salary:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date	Work performed/ responsibilities:
Address:	left:		
Job Title:	Starting Salary:		
Final Salary:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date	Work performed/ responsibilities:
Address:	left:		
Job Title:	Starting Salary:		
Final Salary:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date	Work performed/ responsibilities:
Address:	left:		
Job Title:	Starting Salary:		
Final Salary:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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:
Elementary:	5 6 7 8	Yes No	N/A
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:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

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

Name & Address:	Phone Number:	Years Known:

Understandings and Agreements:

As an applicant for a position with the Borough, 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 Borough later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough 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 Borough the right to secure additional job-related information about me. I release the Borough and its representatives from all liability for seeking such information. I understand that the Borough is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Borough may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough 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.

Applicant's Signature _____ Date _____

Conditions of Employment:

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. *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:

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 Borough of West Cape May use only

