Township of Little Falls

Date: _____

225 Main Street, Little Falls, New Jersey 07424
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 (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: ____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.

Employment is conditional upon the results of the criminal background check.

The Township of Little Falls 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: Address:	Date started: Date left:	Work performed/ responsibilities:
Job Title:	Starting Salary: Final Salary:	
Reason for leaving:		
Supervisor's name and phone number: May we contact for a reference: ___ Yes ___ No		
Employer: Address:	Date started: Date left:	Work performed/ responsibilities:
Job Title:	Starting Salary: Final Salary:	
Reason for leaving:		
Supervisor's name and phone number: May we contact for a reference: ___ Yes ___ No		
Employer: Address:	Date started: Date left:	Work performed/ responsibilities:
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Job Title:	Starting Salary: Final Salary:	
Reason for leaving:		
Supervisor's name and phone number: May we contact for a reference: ___ Yes ___ 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:
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 (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. 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:

_____

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