

APPLICATION FOR EMPLOYMENT



PLEASE COMPLETE FORM IN ITS ENTIRETY & RETURN TO FIRST FLOOR RECEPTION DESK OR MAIL TO THE ADDRESS AT THE BOTTOM OF THE APPLICATION.

The Township of Lakewood is an Equal Opportunity Employer.

This form has been designed to comply with State & Federal fair employment practice laws prohibiting employment discrimination.

APPLICANT INFORMATION					
<i>Last Name</i>	<i>First</i>	<i>M.I.</i>	<i>DOB:</i>		
<i>Street Address</i>			<i>Apartment/Unit #</i>		
<i>City</i>		<i>State</i>		<i>ZIP</i>	
<i>Phone</i>		<i>E-mail Address</i>			
<i>Date Available</i>			<i>Desired Salary</i>		
<i>Position Applied for</i>					
<i>Are you a citizen of the United States?</i>		YES <input type="checkbox"/> NO <input type="checkbox"/>		<i>If no, are you authorized to work in the U.S.?</i>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>Have you ever worked for Lakewood Township?</i>		YES <input type="checkbox"/> NO <input type="checkbox"/>		<i>If so, when?</i>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>		<i>DL Number :</i>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>			
EDUCATION					
High School			<i>Address</i>		
<i>From</i>	<i>To</i>	<i>Did you graduate?</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Subjects Studied</i>	<i>Degree? YES</i> <input type="checkbox"/>
College			<i>Address</i>		
<i>From</i>	<i>To</i>	<i>Did you graduate?</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Subjects Studied</i>	<i>Degree? YES</i> <input type="checkbox"/>
Other			<i>Address</i>		
<i>From</i>	<i>To</i>	<i>Did you graduate?</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Subjects Studied</i>	<i>Degree? YES</i> <input type="checkbox"/>
REFERENCES					
<i>Please give the names of three (3) persons not related to you, whom you have known at least one (1) year</i>					
<i>Full Name</i>			<i>Relationship</i>		
<i>Company</i>			<i>Phone</i>		
<i>Address</i>					
<i>Full Name</i>			<i>Relationship</i>		
<i>Company</i>			<i>Phone</i>		
<i>Address</i>					
<i>Full Name</i>			<i>Relationship</i>		
<i>Company</i>			<i>Phone</i>		
<i>Address</i>					

APPLICATION FOR EMPLOYMENT



PLEASE COMPLETE FORM IN ITS ENTIRETY & RETURN TO FIRST FLOOR RECEPTION DESK OR MAIL TO THE ADDRESS AT THE BOTTOM OF THE APPLICATION.

The Township of Lakewood is an Equal Opportunity Employer.

This form has been designed to comply with State & Federal fair employment practice laws prohibiting employment discrimination.

PREVIOUS EMPLOYMENT *LIST BELOW CURRENT AND FORMER EMPLOYERS, STARTING WITH LAST EMPLOYER FIRST*

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

GENERAL

Subjects of special study or research work:

DISCLAIMER AND SIGNATURE

I CERTIFY THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I ALSO AM AWARE THAT EMPLOYMENT IS SUBJECT TO A PHYSICAL EXAMINATION.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS SUBJECT TO THE RULES AND REGULATIONS OF THE TOWNSHIP OF LAKEWOOD AND NJ CIVIL SERVICE COMMISSION.

Signature	Date
-----------	------