



# *Township of Lakewood*

MUNICIPAL BUILDING  
231 THIRD STREET  
LAKEWOOD, NEW JERSEY 08701  
732-364-2500 • FAX: 732-994-4568



Attention Applicants:

Please be advised, this general application is to be completed for the following positions only:

- Maintenance worker
- General recreation positions
- Clean communities

For all other positions, please read the job posting for specific instructions detailing resume and cover letter or specific applications:

- Laborer w/CDL
- Public Safety Telecommunicator
- Crossing Guard
- Emergency Medical Technician



# APPLICATION FOR EMPLOYMENT



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

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| <b>PREVIOUS EMPLOYMENT</b> LIST BELOW CURRENT AND FORMER EMPLOYERS, STARTING WITH LAST EMPLOYER FIRST   |    |                                |      |
|---|----|--------------------------------|------|
| Company   |    | Phone                          |      |
| Address   |    | Supervisor                     |      |
| Job Title   |    |                                |      |
| 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   |    |                                |      |
| 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   |    |                                |      |
| 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   |    |                                |      |
| Responsibilities  |    |                                |      |
| From  | To | Reason for Leaving             |      |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>  |    |                                |      |
| <b>MILITARY SERVICE</b>   |    |                                |      |
| Branch  |    | From:                      To: |      |
| Rank at Discharge:  |    | Type of Discharge:             |      |
| If other than honorable, explain:   |    |                                |      |
| <b>GENERAL</b>  |    |                                |      |
| Subjects of special study or research work:   |    |                                |      |
| <b>DISCLAIMER AND SIGNATURE</b>   |    |                                |      |
| <p>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.</p> <p>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.</p> <p>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.</p> |    |                                |      |
| Signature   |    |                                | Date |