

# Borough of Haddonfield

242 Kings Highway East  
Haddonfield, NJ 08033

# Employment Application

Date: \_\_\_\_\_

## Applicant Information:

Full Name:

LAST

FIRST

MIDDLE

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Work): (\_\_\_\_) \_\_\_\_\_ Phone (Home): (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Effective September 1, 2011, all employees of State and local government must reside in the State of New Jersey, unless exempted under law. If you already work for State or local government as of September 1, 2011, and you do not live in New Jersey, you are not required to move to New Jersey if there is no more than a seven (7) day break in employment. However, if you begin your office, position or employment on September 1, 2011 or later, you must reside in New Jersey. If you do not reside in New Jersey, you have one year after the date you take your office, position or employment to relocate your residence to New Jersey. If you do not do so, you are subject to removal from your office, position or employment.

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 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 18 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 to a crime; disorderly persons offense; or a municipal ordinance involving moral turpitude: \_\_\_\_\_ YES \_\_\_\_\_ NO

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

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**THE BOROUGH OF HADDONFIELD IS AN EQUAL OPPORTUNITY EMPLOYER**

**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:	Work Performed/ Responsibilities:
	Date left:	
Job Title:	Starting Salary:	
	Final Salary:	
Reason for leaving:		
Supervisor's Name and Phone Number:		
May we contact them for a reference: <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer: Address:	Date Started:	Work Performed/ Responsibilities:
	Date left:	
Job Title:	Starting Salary:	
	Final Salary:	
Reason for leaving:		
Supervisor's Name and Phone Number:		
May we contact them for a reference: <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer: Address:	Date Started:	Work Performed/ Responsibilities:
	Date left:	
Job Title:	Starting Salary:	
	Final Salary:	
Reason for leaving:		
Supervisor's Name and Phone Number:		
May we contact them for a reference: <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer: Address:	Date Started:	Work Performed/ Responsibilities:
	Date left:	
Job Title:	Starting Salary:	
	Final Salary:	
Reason for leaving:		
Supervisor's Name and Phone Number:		
May we contact them for a reference: <input type="checkbox"/> YES <input type="checkbox"/> NO		

**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 NAME & ADDRESS	Years Completed: (circle)				Graduated: (circle)		Major Field:
Elementary:	5	6	7	8	Yes	No	
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.

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**COMMENTS & ADDITIONAL INFORMATION:** Is there any additional information about you we should consider?

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**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 of Haddonfield, 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 of Haddonfield 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 of Haddonfield and its representatives from all liability for seeking such information. I understand that the Borough of Haddonfield 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** \_\_\_\_\_

Effective September 1, 2011, all employees of State and local government must reside in the State of New Jersey, unless exempted under law. If you already work for State or local government as of September 1, 2011, and you do not live in New Jersey, you are not required to move to New Jersey if there is no more than a seven (7) day break in employment. However, if you begin your office, position or employment on September 1, 2011 or later, you must reside in New Jersey. If you do not reside in New Jersey, you have one year after the date you take your office, position or employment to relocate your residence to New Jersey. If you do not do so, you are subject to removal from your office, position or employment.

# 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:

Full Name:

LAST

FIRST

MIDDLE

Address:

City:

State:

Zip Code:

Phone (Work): ( )

Phone (Home): ( )

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

Military Veteran

Disabled Veteran

## FOR BOROUGH USE ONLY

Hired:  YES  NO

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Which EEO job classification best describes the position for which the applicant applied? Circle appropriate number

1. Officials and Managers

2. Professionals

3. Technicians

4. Sales workers

5. Office and Clerical Workers

6. Craft Workers (skilled)

7. Operators (semi-skilled)

8. Laborers (unskilled)

9. Service Workers

Borough Official: \_\_\_\_\_

Date: \_\_\_\_\_