

Last Name: _____

Position: _____

Date: _____

Borough of Hopatcong

Municipal Building
111 River Styx Road
Hopatcong, NJ 07843

Phone: 973-770-1200, Fax: 973-770-0301

APPLICATION FOR EMPLOYMENT

IMPORTANT!

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION

The information I have provided in this application is accurate, complete and true to the best of my knowledge.

I hereby authorize the investigation of all statements contained in this application and hereby release my previous employers and all others from all liability as a result of providing or verifying information regarding me, my employment information, and/or my educational record. It is understood and agreed upon that any false statements, omissions or misrepresentations by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I understand that as part of the application process, there will be a criminal background check. A criminal record is not an absolute bar to membership, but convictions will be considered where the offense is relevant.

I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from the Borough of Hopatcong and still wish to be considered for employment, it will be necessary for me to fill out a new application.

I understand that acceptance of this application does not imply that I will be hired.

I understand that any Policies and Procedures of the Borough of Hopatcong do not constitute the terms and conditions of an employment contract between the Borough of Hopatcong and me, and that employment, if offered, is for no fixed duration. Either the Borough of Hopatcong or I can terminate my employment at any time with or without notice or cause for any reason not otherwise prohibited by law. This can be changed only by written agreement of the Borough Administrator.

I understand that a physical examination may be required to determine my ability to perform the essential functions of the position after a job offer has been extended and prior to beginning work. I further understand that this examination may include urinalysis examination for the purpose of detecting illegal drugs and alcohol. I authorize the release of the results of such an examination to the Borough of Hopatcong and release all claims against it and those performing the examination. I further understand that if the physical examination determines that I am unable to perform the essential functions of the position, with or without reasonable accommodation, the Borough of Hopatcong will withdraw the offer of employment.

I understand that if employed by the Borough of Hopatcong as a condition of continued employment I will be required to submit to drug and alcohol testing as authorized by the Governing Body. I authorize release of any such testing to the Borough of Hopatcong and waive all claims against it and those performing the tests. I understand that if employed by the Borough of Hopatcong, I will be subject to immediate termination for failing to submit to testing, or for refusing to permit the release of results of any such tests to the Borough of Hopatcong.

If employed by the Borough of Hopatcong, I authorize the release by the Borough of Hopatcong of any information concerning my employment, character and qualifications to potential employers and others. I hereby release the Borough of Hopatcong from any and all claims of liability that may arise out of furnishing such information.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT IN IT'S ENTIRETY, AND ACKNOWLEDGE THAT ANY MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR HEREIN WILL, AT THE BOROUGH OF HOPATCONG'S OPTION, RESULT IN THE CANCELLATION OF CONSIDERATION FOR EMPLOYMENT, OR DISMISSAL FROM THE BOROUGH OF HOPATCONG'S SERVICE IF I HAVE BEEN EMPLOYED.

APPLICANT'S SIGNATURE

DATE

Last Name: _____

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The Borough of Hopatcong is an Equal Opportunity/Affirmative Action employer. All qualified applicants will be considered without regard to race, religion, color, marital status, sex, national origin, disability, age or other legally protected classification. Any information or dates requested on the application are intended only for the purposes of determining abilities and skills required for proper job placement and for verification and continuity of employment. Applicants who require assistance in completing an application for employment are encouraged to notify the Borough of Hopatcong of their needs upon receipt of this form. Applicants must fill in all applicable blanks on this form. Attaching a resume is not considered completing this form.

NAME (Last, First, Middle)		TELEPHONE NUMBER	
ADDRESS (Number, Street)	CITY	STATE	ZIP
FOR VERIFICATION PURPOSES PLEASE STATE ANY OTHER NAME(S) USED BY YOU FOR EDUCATION OR EMPLOYMENT PURPOSES:			
ARE YOU EITHER A CITIZEN OF THE UNITED STATES OR AN ALIEN LAWFULLY PERMITTED TO WORK IN THE UNITED STATES?		E-MAIL ADDRESS (optional)	
POSITION APPLIED FOR (BE AS SPECIFIC AS POSSIBLE)		LOCATION (S):	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL ONLY		TODAY'S DATE	DATE AVAILABLE FOR WORK
DESIRED TOTAL SALARY OR COMPENSATION			
<input type="checkbox"/> REFERRAL, IF THROUGH AN ASSOCIATE, PLEASE INDICATE NAME		LOCATION/DEPARTMENT	
HAVE YOU PREVIOUSLY APPLIED TO THE BOROUGH OF HOPATCONG? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN EMPLOYED BY THE BOROUGH OF HOPATCONG? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, SPECIFY when, where, position	

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EMPLOYMENT HISTORY

List most recent first.

FROM/TO- (Month/Year)	COMPANY NAME	SALARY (Starting/Ending)
LOCATION	TYPE OF BUSINESS	
JOB TITLE	REASON FOR LEAVING	
SUPERVISOR'S NAME	TELEPHONE NUMBER	
DUTIES		

FROM/TO- (Month/Year)	COMPANY NAME	SALARY (Starting/Ending)
LOCATION	TYPE OF BUSINESS	
JOB TITLE	REASON FOR LEAVING	
SUPERVISOR'S NAME	TELEPHONE NUMBER	
DUTIES		

FROM/TO- (Month/Year)	COMPANY NAME	SALARY (Starting/Ending)
LOCATION	TYPE OF BUSINESS	
JOB TITLE	REASON FOR LEAVING	
SUPERVISOR'S NAME	TELEPHONE NUMBER	
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SUPERVISOR'S NAME	TELEPHONE NUMBER	
DUTIES		

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IT IS OUR POLICY TO CONTACT ALL FORMER EMPLOYERS. IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER AT THIS TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE EXPLAIN ALL PERIODS OF UNEMPLOYMENT IN EXCESS OF 3 MONTHS:

EDUCATION

SPECIFY: High School or Vocational/ Technical School	SCHOOL NAME	LOCATION City & State	DEGREE OR PROGRAM OF STUDY	GRADUATED
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIFY: Community College, College, University, or Grad School	SCHOOL NAME	LOCATION City & State	DEGREE OR PROGRAM OF STUDY	GRADUATED
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER COURSES OR TRAINING OR CERTIFICATIONS	SPONSORING ORGANIZATION	LOCATION	COMPLETED	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

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REFERENCES

PLEASE PROVIDE THE NAMES OF 3 PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN

MILITARY HISTORY

IF YOU HAVE SERVED IN THE U.S. ARMED FORCES PLEASE STATE IN WHAT BRANCH OF SERVICE YOU SERVED, THE RANK ATTENDED ANY SPECIAL TRAINING RECEIVED THAT WOULD BE HELPFUL IN ASSESSING YOUR QUALIFICATIONS FOR THE POSITION APPLIED.

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PROFESSIONAL MEMBERSHIPS

PLEASE LIST JOB-RELATED PROFESSIONAL SOCIETIES, ASSOCIATIONS OR ORGANIZATIONS TO WHICH YOU BELONG. YOU MAY EXCLUDE INFORMATION WHICH IS INDICATIVE OF RACE, RELIGION, COLOR, MARITAL STATUS, SEX, NATIONAL ORIGIN, DISABILITY, AGE OR OTHER LEGALLY PROTECTED CLASSIFICATION.

NAME	OCCUPATION	OFFICES HELD

DRIVING INFORMATION

***COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES DRIVING**

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

IF SO, PLEASE INDICATE STATE _____ AND NUMBER _____

IF YES, WHAT TYPE(S) OF VEHICLES ARE YOU LICENSED TO OPERATE? _____

HAVE YOU HAD ANY MOTOR VEHICLE VIOLATIONS DURING THE PAST 5 YEARS? YES NO

IF YES, FOR EACH VIOLATION GIVE THE DATE, CHARGE, PENALTY AND ANY ADDITIONAL EXPLANATION YOU FEEL IS NECESSARY

HAVE YOU BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENTS DURING THE PAST 5 YEARS? YES NO

IF YES, GIVE THE NUMBER OF SUCH INCIDENTS AND ANY EXPLANATION THAT YOU WISH TO MAKE.

SAVE COMPLETED FORM AND EMAIL AS ATTACHMENT TO: _____

OR SEND COMPLETED FORM TO: BOROUGH OF HOPATCONG
111 RIVER STYX ROAD
HOPATCONG, NJ 07843
ATTN: ADMINISTRATOR