

Attachment "A"

Last Name: _____

Position: _____

Date: _____

Borough of Hopatcong

Municipal Building

111 River Styx Road

Hopatcong, NJ 07843

Phone: 973-770-122, 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 this employer's service if I have been employed.

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 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 reasonable accommodations, 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 a drug and alcohol testing 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 ITS 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'S IF I HAVE BEEN EMPLOYED.

PLEASE FILL IN THE FRONT AND BACK OF THIS APPLICATION

Applicants' Signature	Date
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APPLICATION FOR EMPLOYMENT

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, 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
REFERRAL, IF THROUGH AN ASSOCIATE, PLEASE INDICATE NAME		LOCATION/DEPARTMENT	
HAVE YOU PREVIOUSLY APPLIED TO THE BOROUGH OF HOPATCONG?			
YES NO			
HAVE YOU EVER BEEN EMPLOYED BY THE BOROUGH OF HOPATCONG		IF YES, SPECIFY? When,where,position	
YES NO			

Last Name: _____

Position: _____

Date: _____

EMPLOYMENT HISTORY

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

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

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

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EDUCATION

SPECIFY: HIGH SCHOOL or Vocational Technical School	SCHOOL NAME	LOCATION City & State	DEGREE OR PROGRAM OF Study	GRADUATED
SPECIFY: College, Community College University, or Grad School	SCHOOL NAME	LOCATION City & State	DEGREE OR PROGRAM OF Study	GRADUATED
OTHER COURSES OR TRAINING OR CERTIFICATIONS	SCHOOL NAME	LOCATION City & State	DEGREE OR PROGRAM OF Study	GRADUATED

IT IS OUR POLICY TO CONTACT ALL FORMER EMPLOYERS.

IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER AT THIS TIME?

YES

NO

PLEASE EXPLAIN ALL PERIODS OF UNEMPLOYMENT IN EXCESS OF 3 MONTHS

Last Name: _____

Position: _____

Date: _____

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, THE RANK AND SPECIAL TRAINING RECEIVED THAT WOULD BE HELPFUL IN ASSESSING YOUR QUALIFICATIONS FOR THE POSITION APPLIED.

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

Last Name: _____

Position: _____

Date: _____

DRIVING INFORMATION

COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES DRIVING FOR THE BOROUGH OF HOPATCONG

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

IF SO, PLEASE INDICATED STATE _____ AND NUMBER _____

IF YES, WHAT TYPES(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 OTHER ADDITIONAL EXPLANATION YOU FEEL IS NECESSARY.

HAVE YOU BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENTS DURING THE LAST 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: Rtappan@hopatcong.org

OR SEND COMPLETED FORM TO: BOROUGH OF HOPATCONG

111 RIVER STYX ROAD
HOPATCONG, NJ 07843
ATTEN: ADMINISTRATOR

