Township of Piscataway

455 Hoes Lane Piscataway, NJ 08854

The Township of Piscataway welcomes all applicants. If you require some form of reasonable accommodation with respect to the application process or with respect to the job itself, please notify the office of the Township Administrator at Town Hall, telephone 732-562-2301.

Position for which you are applying:
How did you learn about the position? Advertisement Employment Agency Friend
Relative Walk-in
Other (Explain)
Applicant Information
Name (Last, First, Middle)
Address
City/Town
Phone (Work) () (Home) ()
Social Security #
Are you legally eligible to work in the United States of America?Yes No (in accordance with Federal Law, proof of US Citizenship or immigration status will be required if you are hired)
Date you can start Salary desired
Are you currently employed? Yes No May we contact you at work? Yes No
May we contact your current employer? YesNo
Have you ever applied to the Township before? YesNo If yes, give date
If you are under eighteen years of age, can you provide required proof of eligibility to work? YesNo
Are you available to work: Full time Part time Shift work Temporary
Are you currently on layoff status and subject to recall?YesNo
Do you possess a current driver's license?Yes No Number
Do you possess a current commercial driver's license? Yes No Is it currently valid Yes No Has it ever been suspended? Yes No (Please list any endorsements)
Have you ever plead guilty or been found guilty of a crime; disorderly persons offense; or a municipal ordinance involving moral turpitude? Yes No (Employment is conditional upon the results of the criminal background check)
An answer of "YES" may disqualify an applicant from employment depending upon the circumstances involved. If "Yes", please explain below.

Employment History *This section to be completed even* if *you attach a resume to your application*. List your last four employers, major assignments within the same company, or volunteer efforts. 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	Date started	Date left	Work performed/responsibilities
Address	G		
1.1 m/d	Starting Salary		
Job Title	Final Salary		
Reason for leaving			
Supervisor's name and phone #			May we contact for a reference?
			YesNo
Employer	Date started	Date left	Work performed/responsibilities
Address			
	Starting Salary		
Job Title	Final Salary		
Reason for leaving	•		
Employer	Date started	Date left	Work performed/responsibilities
Address			
	Starting Salary		
Job Title	Final Salary		
Reason for leaving	•		
Supervisor's name and phone #			May we contact for a reference?
			YesNo
Employer	Date started	Date left	Work performed/responsibilities
Address			
	Starting Salary		
Job Title	Final Salary		
Reason for leaving			

May we contact for a reference?
YesNo

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	Years completed (please circle)	Graduated?	Major Field
Elementary	5 6 7 8	YES NO	XXXXXXXXXXXX
High	1 2 3 4	YES NO	
College	1 2 3 4	YES NO	
Other	1 2 3 4	YES NO	

 $\pmb{Languages} \text{ List any foreign languages you know and indicate your level of proficiency}.$

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.

Comments & additional information	Is there any additional information about you we should consider?

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 # Years Known **Understandings and agreements** As an applicant for a position with the Township of Piscataway, 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 Township later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township of Piscataway 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 Township the right to secure additional job-related information about me. I release the Township of Piscataway and its representatives from all liability for seeking such information. I understand that the Township of Piscataway is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township 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 Township may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township 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 involving public safety, public works, and access to confidential information may also 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. **Print Name Applicant's Signature Date**

Voluntary affirmative action information

You are not required to provide this information. Provide it only if you wish.

If you provide information on this page, the page will be filed separately from the job application. The information will be used only for purposes of the township's affirmative action program

Position for which you are a	applying:	
How did you learn about thi	is position? AdvertisementEmploy	yment Agency.FriendRelativeWalk-in
*		-
Applicant information		
Name		
Address		
City/town		
Phone ()		
Information reg	garding status	
Gender		
Male		
Female		
Equal Employn	nent Opportunity ide	entification groups
White	of portainty	Militarion Storbe
African-American (no	on-Hispanic)	
Hispanic	r ,	
American Indian/Alas	skan native	
Asian/Pacific Islander		
Other		
Other protected Individual with a disa	l Groups	
	•	
Disabled veteran	(served between 1964 and 1975)	
Disauled veteran		
	For Township	use only
Hired Yes No Position	Date	
	on best describes the position for wh	
1. Officials and managers		7. Operators(semi-skilled)
2. Professionals	5. Office and clerical workers	8. Laborers (unskilled)
3. Technicians	6. Craft workers (skilled)	9. Service workers
Township Official	Date	

This page for Township use only! Results of interview

Interviewer:		
Date:	Time:	