



230 Fairfield Road
Fairfield, NJ 07004

EMPLOYMENT APPLICATION

Last Name:		First Name:		Middle Initial:	
Street Address:		Town:		State:	Zip:
E-Mail Address:					
Home Telephone #:		Cell Phone #:			

Position applied for: _____

Have you ever worked, attended school or been known under another name? YES NO
If YES – Name: _____

Have you ever applied to the Township of Fairfield before? YES NO
If YES, give date: _____

Have you ever been employed by the Township of Fairfield? YES NO
If YES, what position: _____ **Date(s) of employment:** _____

Are you available to work: Full Time Part Time Shift Work Temporary

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? 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 eighteen 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

In compliance with Federal Law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility and verification form upon hire.

MILITARY EXPERIENCE

Branch of Service:		Specialty:		Highest Rank:	
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Service Schools Attended:

List membership in *all* Union, Professional and/or Trade organizations/clubs: _____

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: (Circle)	Graduated: (Circle)	Major Field:
High:		1 2 3 4	Yes No	
College:				
Other:				
Other:				

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.

Employment History

This section must be completed even if you attach a resume. List your last four employers, major assignments with the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on the form marked "comments".

Dates of Employment		Name/Address of Employer:	Job Title
From:	To:		
Work performed/responsibilities:			
Reason for Leaving:			
Supervisor's Name and Phone #:			
May we contact for a reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Dates of Employment		Name/Address of Employer:	Job Title
From:	To:		
Work performed/responsibilities:			
Reason for Leaving:			
Supervisor's Name and Phone #:			
May we contact for a reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Dates of Employment		Name/Address of Employer:	Job Title
From:	To:		
Work performed/responsibilities:			
Reason for Leaving:			
Supervisor's Name and Phone #:			
May we contact for a reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Dates of Employment		Name/Address of Employer:	Job Title
From:	To:		
Work performed/responsibilities:			
Reason for Leaving:			
Supervisor's Name and Phone #:			
May we contact for a reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

COMMENTS:

PROFESSIONAL AND CHARACTER REFERENCES

Provide the names, addresses and phone number of three people whom we may contact as a reference. They should not be relatives or former supervisors.

NAME & ADDRESS	TELEPHONE #	YEARS KNOWN:

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

Understandings and Agreements: As an applicant for a position with the Township of Fairfield, 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 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 and its representatives from all liability for seeking such information. I understand that the Township 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 of Fairfield 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 may involve complete background and criminal checks. *For your application to be considered, you must sign and date below.*

Applicant's Signature: _____ Date: _____

FOR POLICE DEPARTMENT USE ONLY

Interviewed by: _____ **Date:** _____

Remarks:

Score: _____

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 separated from the job application. This information will be used only for purposes of the Affirmative Action Program.

Information Regarding Status:

Gender:

- Male
- Female
- Non binary
- I choose not to self identify

Equal Employment Opportunity identification groups:

- White (not Hispanic or Latino)
- African-American or Black
- Native Hawaiian or other Pacific Islander
- American Indian/Alaskan native
- Asian
- Hispanic or Latino
- I choose not to self identify
- Other

Other protected groups:

- Individual with a disability
- Vietnam-era Veteran (served between 1964 and 1975)
- Disabled Veteran
- Other protected Veteran
- I choose not to self identify