## **BOROUGH OF METUCHEN**

500 MAIN STREET METUCHEN, NJ 08840



Qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, the presence of non-job related medical condition or disability, or any other characteristic protected under federal, state, or local law.

		A 1.1		
	Name and	Address		
First Name:	MI:		Last Name:	
Mailing Address:	<u> </u>			
G				
City, State, and Zip Code:				
Phone (home):		Phone (cell):		
Email:		Date:		
	lah T			
Desition Applying for:	Job T	ype		
Position Applying for:				
Date you can start:		Salary Desired:		
Are you available to work	Full-time	Part-time	Seasonal	
	Additional Ir	oformation.		
	Additional Ir		\/	NI.
Have you ever been employed	d by this organization ii	n the past?	Yes	No
Are you legally eligible for employment in this country? (Proof of			Yes	No
U.S. Citizenship or Immigratio employment)	n status will be require	ed upon		
Are you currently on "lay-off" status and subject to recall?			Yes	No
The you currently on lay on states and subject to recall.			. 00	
Do you have a valid N.J. Driver's License?			Yes	No
D ODI I O				NI.
Do you have a CDL License?			Yes	No
Are you related to any Boroug	rees?	Yes	No	
If you who?	Dolotionahini			
If yes, who?		Relationship:		

	Ed	ucation				
School	Location (mailing addre	ess)	Years		Major	Degree or
			Comple	tea		Diploma
High School						
College or Busines	ss / Trade School					
3						
	N	lilitary				
Have you ever beer	n in the Armed Forces?	Yes	No	Date	e Entered	
				<u> </u>		
Are you now a mem	nber of the National Guard?	Yes	No	Disc	charge Date	
Specialty		<u> </u>	<u> </u>	<u> </u>		
Openalty						

Work Experience Please list ALL work experience beginning with your most recent job held. Attach additional sheets, it necessary.				
Company	Name of last supervisor			s, it necessary. Hrs/week
Company	Name of last supervisor			TII3/WEEK
Address	Start Date		Starting Salary	
Oite Otata and Tip Oada			Final Calam	
City, State, and Zip Code	End Date		Final Salary	
Phone Number		Your last job title		
December leaving (he anacitie)				
Reason for leaving (be specific)				
List the jobs you held, duties perfe	ormad skills usad	or learned advan	ocements or promot	tions while
you worked at this company.	Jimea, skiiis usea	or learned, advar	icements of promo	iions write
you worked at time company.				
May we contact this employer?	Yes No			
May we demade this employer.	100 140			
Company	Name of last sup	pervisor		Hrs/week
Address	Stort Doto		Ctarting Colory	
Address	Start Date		Starting Salary	
City, State, and Zip Code	End Date		Final Salary	
			,	
		1		
Phone Number		Your last job title		
Reason for leaving (be specific)		<u> </u>		
List the jobs you held, duties perfe	ormed, skills used	or learned, advar	ncements or promot	tions while
you worked at this company.	,	,	•	
May we contact this employer?	Yes No			

Work Experience (continued)					
Company	Name of last supervisor		Hrs/week		
Address	Start Date		Ctarting Colony		
Address	Start Date		Starting Salary		
City, State, and Zip Code	End Date		Final Salary		
			Í		
Phone Number		Your last job title			
Reason for leaving (be specific)		I			
3 (11 1)					
List the jobs you held, duties perfe	ormed, skills used	or learned, advar	cements or promo	tions while	
you worked at this company.			·		
May we contact this employer?	Yes No				
, , ,					
	Name of last sur	oorvicor		Hrs/wook	
Company	Name of last sup	pervisor		Hrs/week	
	Name of last sup	pervisor		Hrs/week	
	Name of last sup	pervisor	Starting Salary	Hrs/week	
Company Address	Start Date	pervisor		Hrs/week	
Company		pervisor	Starting Salary Final Salary	Hrs/week	
Company Address	Start Date	pervisor		Hrs/week	
Company Address	Start Date	pervisor  Your last job title	Final Salary	Hrs/week	
Company  Address  City, State, and Zip Code	Start Date		Final Salary	Hrs/week	
Company  Address  City, State, and Zip Code  Phone Number	Start Date		Final Salary	Hrs/week	
Company  Address  City, State, and Zip Code	Start Date		Final Salary	Hrs/week	
Company  Address  City, State, and Zip Code  Phone Number	Start Date		Final Salary	Hrs/week	
Company  Address  City, State, and Zip Code  Phone Number  Reason for leaving (be specific)	Start Date  End Date	Your last job title	Final Salary		
Company  Address  City, State, and Zip Code  Phone Number  Reason for leaving (be specific)  List the jobs you held, duties perfe	Start Date  End Date	Your last job title	Final Salary		
Company  Address  City, State, and Zip Code  Phone Number  Reason for leaving (be specific)	Start Date  End Date	Your last job title	Final Salary		
Company  Address  City, State, and Zip Code  Phone Number  Reason for leaving (be specific)  List the jobs you held, duties perfe	Start Date  End Date	Your last job title	Final Salary		
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Company  Address  City, State, and Zip Code  Phone Number  Reason for leaving (be specific)  List the jobs you held, duties perfe	Start Date  End Date	Your last job title	Final Salary		

	Work Experier	nce (continued)			
Company	Name of last supervisor			Hrs/week	
Address	Start Date		Starting Salary		
			Final Colom.		
City, State, and Zip Code	End Date		Final Salary		
Phone Number	Your last job title		<del>)</del>		
Reason for leaving (be specific)					
List the jobs you held, duties perform you worked at this company.		,	·		
May we contact this employer?	Yes No	011000			
References  Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.					
1.					
2.					
3.					
4.					

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for my employment as may be necessary in arriving at an employment decision. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand that my employment is contingent upon a satisfactory physical examination which may include a drug screening and the successful completion of the probation period.

In consideration of my employment, I agree that my employment and compensation could be terminated with or without cause and with or without notice at any time, at the option of either the employer or myself. It is expressly understood that my employment with the Borough of Metuchen is at will.

Date:	Signature:
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