## **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.

Name and Address				
First Name:	MI:	Last Name:		
Mailing Address:				
City, State, and Zip Code:				
Phone (home):		Phone (cell):		
Email:		Date:		
	Job 1	Гуре		
Position Applying for:				
Date you can start:		Salary Desired:		
Are you available to work	Full-time	Part-time		Seasonal
	Additional I	nformation		
Have you ever been employed	,	•	Yes	No
Are you legally eligible for emp U.S. Citizenship or Immigration employment)	status will be require	ed upon	Yes	No
Are you currently on "lay-off" status and subject to recall?			Yes	No
Do you have a valid N.J. Driver's License?		Yes	No	
Do you have a CDL License?		Yes	No	
Are you related to any Borough of Metuchen Employees?		Yes	No	
If yes, who? Relationship:		Relationship:		

School	Location (mailing addre	ucation ess)	Year Comple		Major	Degree or Diploma
High School						
College or Busines	ss / Trade School					
J						
	M	lilitary				
Have you ever beer	n in the Armed Forces?	Yes	No	Date	e Entered	
Are you now a mem	nber of the National Guard?	Yes	No	Disc	charge Date	
7 (10 you now a men	iber of the National Start:	103	140	Disc	marge bate	
Specialty						

Work Experience				
Please list ALL work experience beginning with your most recent job held				
Company	Job title			
Address	Start Date			
City, State, and Zip Code	End Date			
Phone Number	Name of last supervisor			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learne you worked at this company.	d, advancements or promotions while			
May we contact this employer? Yes No				
Company	Job title			
Address	Start Date			
Address  City, State, and Zip Code	Start Date End Date			
City, State, and Zip Code	End Date			
City, State, and Zip Code  Phone Number	End Date  Name of last supervisor			

Work Experience (conti	nued)		
Company	Job title		
Address	Start Date		
City, State, and Zip Code	End Date		
Phone Number	Name of last supervisor		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned you worked at this company.	d, advancements or promotions while		
May we contact this employer? Yes No			
Company	Job title		
Address	Start Date		
City, State, and Zip Code	End Date		
Phone Number	Name of last supervisor		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned you worked at this company.  May we contact this employer? Yes No	d, advancements or promotions while		

Work Experience (continued)				
Company	Job title			
Address	Start Date			
, ridanoso	Start Bats			
City, State, and Zip Code	End Date			
City, State, and Zip Code	Lift Date			
Dhara Nhashar	Name of last own and an			
Phone Number	Name of last supervisor			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned	d. advancements or promotions while			
you worked at this company.	a, autamosmo en promotiono mino			
, sea nemea at an ecomponity.				
May we contact this employer? Yes No				
References				
Please include name, phone number, and circumstances of your acquain	tance. Exclude relatives and former employers.			
1.				
2.				
3.				
Special Skills & Experie				
Please state any special skills, experience, training, licenses, certification qualified for the position which you a				
qualified for the position which you a	те арріутід тог.			
1				

## **Understandings and Agreements**

Print name

As an applicant for the position with the Borough of Metuchen, 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 Borough of Metuchen later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough of Metuchen the right to investigate the information I have provided and talk with former employers (except where I have indicated they may not be contacted). I give the Brough of Metuchen the right to secure additional job-related information about me. I release the Borough of Metuchen and its representative from all liability for seeking such information. I understand that the Borough of Metuchen is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough of Metuchen 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 Borough of Metuchen may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough of Metuchen 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 positions involving public safety, public works, and access to confidential information may also involve complete background and criminal checks.

Disabilities Act. I understand Borough of Metuchen may to policies and procedures. No assurances to the contrary. In Job-related medical, physical	rable accommodations as required that, if employed, I may resignerminate me at any time in according representatives of the Borough of understand that any offer of emply, drug, or psychological tests. I also lic works, and access to confided and criminal checks.	n at any time and that the rdance with its established f Metuchen may make any ployment may be subject to o understand that positions
Print name	Applicant's signature	Date
Canditions of Employe		
a mandatory criminal back employment physical may a Borough of Metuchen, all em	nent fers of employment are conditiona ground check and may include also be required. As a condition aployees must agree to abide by to our personnel policies and procee	a drug screening. A pre- n of employment with the the terms of the Drugs and
For your application to be co	nsidered, you must print your nam	me, sign, and date below.

Applicant's signature

**Date**