APPLICATION FOR EMPLOYMENT

LOWER MILFORD TOWNSHIP

*Lower Milford Township is an equal opportunity employer.

Position(s) Applied For:	Date of Application

How Did You Learn About Us?

☐ Advertisement ☐ Friend ☐ Inquiry

☐ Relative ☐ Other _____

PERSONAL INFORMATION

Last Name	First Name	Middle Name	
Street Address	**City**	**State**	**Zip Code**
Cell Phone	**House Phone**	**Social Security Number (Optional)**	

Best time to contact you: _____ AM/PM

If you are under 18 years of age, can you provide required proof of eligibility to work? ☐ Yes ☐ No

Have you ever filed out an application with Lower Milford Township before? ☐ Yes ☐ No
Is you answer yes, please provide a date: _____

Have you ever been employed with Lower Milford Township before? ☐ Yes ☐ No
Is you answer yes, please provide a date: _____

Do any of your friends or relatives currently work for the Township? ☐ Yes ☐ No
Is you answer yes, please provide their name and relationship to you: _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Date Available to Begin Work: _____

Desired Salary Range: _____

EDUCATION

School	Name & Address of School	Course of Study	# of Years Completed	Diploma/Degree
High School				
Undergradute				
College				
Other (Please specify)				

WORK EXPERIENCE

Please begin with your current or most recent experience. Feel free to add additional experience on the back of the application.

1st Employer	Dates Employed		Work Performed
Address	From:		
Phone #	To:		
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting:		
Reason for Leaving	Final:		May We Contact? ☐ Yes ☐ No

2nd Employer	Dates Employed		Work Performed
Address	From:		
Phone #	To:		
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting:		
Reason for Leaving	Final:		May We Contact? ☐ Yes ☐ No

3rd Employer	Dates Employed		Work Performed
Address	From:		
Phone #	To:		
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting:		
Reason for Leaving	Final:		May We Contact? ☐ Yes ☐ No

Comments: Include explanation of any gaps in employment

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training recevied in the United States military:

Additional Information/Other Qualifications:

Specialized Skills/Certifications:

☐ Typing
WPM: _____

☐ Microsoft Office
- ☐ Word
- ☐ Excel
- ☐ Power Point
- ☐ Publisher
- ☐ Outlook

Mobile Machinery
(list equipment you have operating experience on)

_____
_____
_____
_____
_____

CDL Certification
☐ Yes ☐ No

Class: _____

Endorsements: _____

Please state any additional information that you feel may be helpful to us in considering your application:

_____
_____

Note to Applicants:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB WHICH YOU ARE APPLYING FOR

Are you capable of performing in a reasonable manner, with ir without a reasonable accomodation, the activtities involved in the job or occupation for which you have applied? In answering this question, you confirm that a review of the activites involved for the job has been given.

☐ Yes ☐ No

PROFESSIONAL/PERSONAL REFERENCES

Please do not include family members.

Name	Phone Number	Business	Years Known	Best Time to Call
1				
2				
3				

PROFESSIONAL/PERSONAL REFERENCES

By signing this application, I certify that the facts contained within are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature of Applicant: _____ Date: _____

For internal use only:

Application Received: _____

Interviewed By: _____

Interview Date: _____

Interview Notes: _____

_____

_____

_____

_____

_____

_____

_____

Offer of Employment Made: _____

Offer Accepted: _____