

Borough of Bloomingdale APPLICATION FOR EMPLOYMENT

We consider applican origin, age, disability,	•	_		ligion, creed, gender, na stected status.	tional	
Position(s) Applied For			Date of Application			
How Did You Learn About Us?	Please circle one					
Advertisement Employment Agency	Friend Relative	Inquiry Other	NJLM	Social Media		
_ast Name	Firs	st Name	N	⁄liddle Name		
Address Number	Street	City	State	Zip Code		
Felephone Number(s)			Social Sec	curity Number		
				<u> </u>		
If you are under 18 years Have you ever filed an ap If Yes, give date Have you ever been empl If Yes, give date Do any of your friends or If Yes, state name, relatio Are you currently employ	oyed with us before relatives, other than nship and location _	fore? e? n spouse, work here?				
May we contact your pres						
Are you prevented from land proof of citizenship or immigration			y because of Visa	a or Immigration Status?		
What is your desired salary ra	nge?			Please circle one		
Date available for work		Are you av	ailable to work: Fi	ull Time Part Time Seasonal		
Are you currently on "lay-off"	status and subject to red	call?				
Can you travel if a job require:	s it?					

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employ	yed Work Performed
Address	From	То
Telephone Number(s)		
Starting/Present Job		
Title Supervisor	Hourly Rate/Sa	alary
Reason for Leaving	Starting Fi	Final
May We Contact?		
Employer	Dates Employ	yed Work Performed
Address	From	То
Telephone Number(s)		
Starting/Present Job		
Title Supervisor	Hourly Rate/Sa	alary
Reason for Leaving	Starting Fi	Final
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Title Supervisor	Hourly Rate/Sa	alary
Reason for Leaving	Starting Fi	Final
May We Contact?		

Comments: Include explanation of any gaps in employment.
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.
Describe any job-related training received in the United States military.
List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.
ADDITIONAL INFORMATION
Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.
SPECIALIZED SKILLS (Skills/Equipment Operated) Please list
State any additional information 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 FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES

NO

REFERENCES

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

- 1	certify that		•	1 .		4	1	1 4	
	certify that	ancwere	ouven	herein	are	true	and	complete	_

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date