Date
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To be considered an applicant, you must complete this application. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature. **Personal Information:** Name Middle Other Names Used Last First Address Street City State Zip Cell Telephone Home Email Address: **Position Applying For:** Job Title: What shifts can you work? May We Contact Your Present Employer? Are you applying for: Full Time Part Time Days **Nights** Yes No Temp/Seasonal Unpaid Internship Weekends Any Available Start Date: Have you ever applied to the Borough before?: Yes No If yes, give approximate date: Are you legally eligible to work in the United States? Yes Nο (Federal Law requires proof of identity and employment authorization for all new employees.) If you are under eighteen years of age, can you provide proof of eligibility to work: Do you have a valid driver's license? State: Do you have a valid commercial driver's license? Yes No State: Please list any endorsements: **Education/Training Dates Attended Graduated? School Name Location** Diploma, From / To: Degree & Major High School College Other

<b>Employment History</b> (Please Start With the while obtaining higher education—Use Addi					cluding	part-time posi	tions held
Employer:	·			,			
Address:							
Street			City			State	Zip
Felephone:			Supervisor's Name:				l
Dates From:	То:			Final Rate of Pay:			
Position Held:	Ma			lay we contact them for a reference? Yes No			
Primary Duties:							
Reason for Leaving:							
Employer:							
Employer:							
Address:							
Street				City			Zip
Telephone:			Supervis	sor's Name:			
Dates From:	То:			Final Rate of Pay:			
Position Held:	M			May we contact them for a reference? Yes No			
Primary Duties:							
Reason for Leaving:							
Employer:							
Employer:							
Address:							
Street		Cit	у			State	Zip
Telephone:	phone: Supervisor's Name:					1	
Dates From:	То:				Final	Rate of Pay:	
Position Held:	•		May we	contact them for	r a refe	rence? Yes	s No
Primary Duties:							
Reason for Leaving:							

Technology Skills (List A	II Skills &	<b>Software App</b>	lications	You Have Expe	rience Using	g):		
Word Processing: Spreadsheet: Other Software: Database:								
Microsoft Office? Yes	No	PowerPoint?	Yes	No				
Scanner? Yes No	Copier?	Yes No						
Explain Internet Skills, Including Email Usage:								
Professional Licenses or Certificates Held: (please provide copies with this application)								
Personal Reference (Plea	se list the	names of three	(3) perso	ns <u>not</u> related to	you by blood	d or m	arriage.)	
Name:								
Last	F	irst					Middle	
Address:								
Street			City			State		Zip
Telephone:								
Connection To You (i.e. frie	end, co-wo	rker): Occupati	on:					
Personal Reference								
Name:								
Last	F	irst					Middle	
Address:								
Street			City			State		Zip
Telephone:								
Connection To You (i.e. friend, co-worker): Occupation:								
Personal Reference								
Name:								
Last	F	irst					Middle	
Address:	1							
Street		City				State		Zip
Telephone:								
Connection To You (i.e. friend, co-worker): Occupation:								
Language:								
<u>Language</u>	Unde	erstand_	Speal	<u>Fluently</u>	<u>Read</u>		W	rite

<b>Special Skills and Experience</b> : (State any special skills, experiences, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying)						
Comments and Additional Information: (Is there any additional inf	formation about you we should consider)					
Comments and Additional Information. (Is there any additional information)	officialist about you we should consider)					
Are you related by blood or marriage to any person now employed by the Borough of Fair Lawn? Yes No						
If yes, give name and relationship to you:						
The Leader Program I Assessment						
Understanding and Agreement:  As an applicant for a position with the Borough of Fair Lawn, 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 later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough of Fair Lawn the right to investigate the information I have provided, talk with former employers (expect where I have indicated they may not be contacted). I give the Borough the right to secure additional job-related information about me. I release the Borough of Fair Lawn from all liability for seeking such information. I understand that the Borough of Fair Lawn is an equal-opportunity and does not discriminate in its hiring practices. I understand that the Borough 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 may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough 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.						
Applicant's Signature:	Date:					
Conditions of Employment:						
Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible or hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. For you application to be considered, you must sign and date below.						
Applicant's Signature:	Date:					