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TOWNSHIP OF STAFFORD

OCEAN COUNTY
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John Spodofora
Mayor
James Moran
Township
Administrator

TOWNSHIP OF STAFFORD EMPLOYMENT APPLICATION

NAME OF APPLICANT: _____

SOCIAL SECURITY NUMBER OF APPLICANT: _____

CURRENT ADDRESS:

STREET _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER () _____

IF YOU HAVE LIVED AT YOUR CURRENT ADDRESS FOR LESS THAN FIVE (5) YEARS, PLEASE LIST YOUR PREVIOUS ADDRESS:

STREET _____

CITY _____ STATE _____ ZIP CODE _____

POSITION APPLIED FOR: _____

I. EDUCATIONAL BACKGROUND:

A. HIGH SCHOOL OR TRADE SCHOOL

ATTENDED: _____

DID YOU GRADUATE: _____ YES _____ NO

IF YES, IN WHAT YEAR? _____

B. COLLEGE ATTENDED: _____

DID YOU GRADUATE: _____ YES _____ NO

IF YES, IN WHAT YEAR? _____

MAJOR FIELD OF STUDY: _____

C. GRADUATE SCHOOL ATTENDED: _____

DID YOU GRADUATE: _____ YES _____ NO

IF YES, IN WHAT YEAR? _____

MAJOR FIELD OF STUDY: _____

D. PLEASE LIST ANY VALID CERTIFICATIONS AND/OR LICENSES THAT YOU CURRENTLY HOLD.

E. PLEASE LIST ANY OTHER EDUCATIONAL EXPERIENCE WHICH YOU FEEL TO BE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

II. WORK EXPERIENCE:

PLEASE LIST ALL WORK EXPERIENCE, BEGINNING WITH YOUR CURRENT OR MOST RECENT POSITION:

A. EMPLOYER: _____
ADDRESS OF EMPLOYER: _____

SUPERVISOR: _____
JOB TITLE: _____
RATE OF PAY: _____
DATES OF EMPLOYMENT: FROM _____ TO _____
REASON FOR LEAVING THE POSITION: _____

B. EMPLOYER: _____
ADDRESS OF EMPLOYER: _____

SUPERVISOR: _____
JOB TITLE: _____
RATE OF PAY: _____
DATES OF EMPLOYMENT: FROM _____ TO _____
REASON FOR LEAVING THE POSITION: _____

C. EMPLOYER: _____
ADDRESS OF EMPLOYER: _____

SUPERVISOR: _____
JOB TITLE: _____
RATE OF PAY: _____
DATES OF EMPLOYMENT: FROM _____ TO _____
REASON FOR LEAVING THE POSITION: _____

D. EMPLOYER: _____
ADDRESS OF EMPLOYER: _____

SUPERVISOR: _____
JOB TITLE: _____
RATE OF PAY: _____
DATES OF EMPLOYMENT: FROM _____ TO _____
REASON FOR LEAVING THE POSITION: _____

E. EMPLOYER: _____
ADDRESS OF EMPLOYER: _____

SUPERVISOR: _____
JOB TITLE: _____
RATE OF PAY: _____
DATES OF EMPLOYMENT: FROM _____ TO _____
REASON FOR LEAVING THE POSITION: _____

III. MILITARY EXPERIENCE:

HAVE YOU SERVED OR ARE YOU CURRENTLY SERVING IN ANY BRANCH OF THE UNITED STATES ARMED SERVICES? _____ YES _____ NO
IF NO, SKIP TO SECTION IV.

IF YES, WHAT BRANCH OF THE ARMED SERVICES? _____
WHAT WERE THE DATES OF YOUR SERVICE? FROM _____ TO _____
DID YOU RECEIVE AN HONORABLE DISCHARGE? _____ YES _____ NO
IF YES, ON WHAT DATE? _____

IF NO, WHAT WERE THE CIRCUMSTANCES OF YOUR DISCHARGE?

IV. PERSONAL INFORMATION:

A. NAME OF APPLICANT'S SPOUSE AND DEPENDENT CHILDREN:

SPOUSE: _____
CHILDREN'S NAMES: _____

B. NAMES OF ANY RELATIVES ALREADY EMPLOYED BY THE TOWNSHIP OF STAFFORD: _____

C. NAME OF PERSONS WITH WHOM THE APPLICANT RESIDES IF DIFFERENT THAN FAMILY NAMES SHOWN ABOVE: _____

D. IF THE JOB FOR WHICH YOU ARE APPLYING INVOLVES OPERATING A TOWNSHIP VEHICLE, DO YOU HAVE A VALID NEW JERSEY'S DRIVERS LICENSE? _____

IF YES, PLEASE LIST YOUR DRIVER'S LICENSE NUMBER:

DO YOU CURRENTLY HOLD A CDL LICENSE? _____
ARE THERE CURRENTLY ANY POINTS ASSESSED AGAINST YOUR LICENSE? _____ IF YES, HOW MANY? _____

DO YOU HAVE TRANSPORTATION TO AND FROM WORK? _____

E. HAVE YOU HAD YOUR DRIVING PRIVILEGES SUSPENDED OR REVOKED IN THE LAST FIVE (5) YEARS? _____ YES _____ NO
IF YES, WHAT WERE THE CIRCUMSTANCES SURROUNDING THE SUSPENSION OR REVOCATION OF YOUR DRIVING PRIVILEGES.

F. HAVE YOU EXPERIENCED AN ON THE JOB INJURY AT ANY TIME WHICH RESULTED IN THE FILING OF A WORKER'S COMPENSATION CLAIM ON YOUR BEHALF? _____ YES _____ NO
IF YES, WHEN _____
HOW MUCH WORK DID YOU MISS AT THAT TIME? _____
WHAT WAS THE NATURE OF THIS INJURY YOU SUSTAINED? _____

G. HAVE YOU EXPERIENCED AN INJURY OR AN ILLNESS IN THE LAST FIVE (5) YEARS WHICH HAS CAUSED YOU TO MISS MORE THAN THREE (3) DAYS OF WORK IN SUCCESSION OR MORE THAN TEN (10) DAYS OF WORK IN ANY CALENDAR YEAR?
YES _____ NO _____

H. HAVE YOU DECLARED PERSONAL BANKRUPTCY IN THE LAST FIVE (5) YEARS?
YES _____ NO _____

I. HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A MISDEMEANOR OR A CRIME? _____ YES _____ NO
IF YES, PLEASE SET FORTH THE CIRCUMSTANCES BELOW (LIST DATE (S), LOCATION (S) AND DISPOSITION (S):

IF THE POSITION FOR WHICH YOU ARE APPLYING INVOLVES THE HANDLING OF MONEY, TO THE BEST OF YOUR KNOWLEDGE, IS THERE ANY REASON WHY YOU CAN NOT BE BONDED FOR THE RECEIPT AND RECONCILIATION OF MONEYS? _____ YES
_____ NO

J. DO YOU REQUIRE ANY ACCOMMODATION FROM THE TOWNSHIP TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? _____ IF YES, PLEASE LIST THE TYPE OF ACCOMMODATION REQUIRED:

K. PLEASE LIST ALL *PROFESSIONAL OR TRADE* ORGANIZATIONS TO WHICH YOU CURRENTLY BELONG:

L. PLEASE LIST ALL *SERVICE ORGANIZATIONS* TO WHICH YOU CURRENTLY BELONG:

V. REFERENCES:

PLEASE LIST THREE(3) PROFESSIONAL AND THREE(3) PERSONAL REFERENCES. UNDER THE CATEGORY OF PROFESSIONAL REFERENCES, PLEASE INCLUDE FORMER EMPLOYERS OR SUPERVISORS WHO ARE IN A POSITION TO DISCUSS YOUR WORK RECORD.

PROFESSIONAL REFERENCES:

1. NAME: _____
TITLE: _____
ADDRESS: _____

TELEPHONE NUMBER: _____

2. NAME: _____
TITLE: _____
ADDRESS: _____

TELEPHONE NUMBER: _____

3. NAME: _____
TITLE: _____
ADDRESS: _____

TELEPHONE NUMBER: _____

PERSONAL REFERENCES:

PLEASE DO NOT INCLUDE RELATIVES:

1. NAME: _____
ADDRESS: _____

TELEPHONE NUMBER: _____

2. NAME: _____
ADDRESS: _____

TELEPHONE NUMBER: _____

3. NAME: _____
ADDRESS: _____

TELEPHONE NUMBER: _____

VI. CERTIFICATION:

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I REALIZE THAT GIVING FALSE INFORMATION ON THIS FORM OR DURING MY INTERVIEW MAY RESULT IN MY DISQUALIFICATION FOR EMPLOYMENT OR TERMINATION OF MY EMPLOYMENT IF I HAVE ALREADY BEEN APPOINTED.

I AUTHORIZE THE TOWNSHIP OF STAFFORD TO CONDUCT A BACKGROUND INVESTIGATION PERTAINING TO MY QUALIFICATIONS AND THE STATEMENTS CONTAINED IN THIS APPLICATION. I FURTHER AUTHORIZE THE TOWNSHIP TO CONTACT THE REFERENCES I HAVE LISTED ON MY APPLICATION. I UNDERSTAND THAT THIS BACKGROUND INVESTIGATION MAY INCLUDE THE FOLLOWING, AND I, HEREBY, GIVE MY CONSENT:

- A. CREDIT CHECK**
- B. REFERENCE CHECK**
- C. CRIMINAL HISTORY CHECK**
- D. REVIEW OF DRIVING RECORD**
- E. PHYSICAL EXAMINATION, INCLUDING DRUG SCREENING (TO BE CONDUCTED AFTER EMPLOYMENT IS OFFERED BY THE TOWNSHIP.)**

SIGNATURE OF APPLICANT: _____

DATE: _____

THE TOWNSHIP OF STAFFORD IS AN EQUAL OPPORTUNITY EMPLOYER AND AS SUCH DOES NOT DISCRIMINATE IN EMPLOYMENT PRACTICES BASED ON RACE, COLOR, SEX, AGE, NATIONAL ORIGIN, RELIGION, MARITAL STATUS OR DISABILITY.