

BOROUGH OF WESTVILLE EMPLOYMENT APPLICATION

(Please Print)

Date of Application _____

Social Security # _____ / _____ / _____

Home Phone # _____ / _____ / _____ Cell# _____ / _____ / _____

NAME _____
Last First Middle

PRESENT ADDRESS _____

PREVIOUS ADDRESS _____

To Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS AREA. The Borough of Westville provides equal employment opportunities without regard to race, religion, color, national origin, sex, age, ancestry, disability, Veterans of the Vietnam Era status, or any other basis that would be in violation of any application law.

POSITION APPLYING FOR: _____

Have you ever applied to the Borough of Westville before? ___ Yes ___ No.

If yes, give date: _____

Date you can start: _____ Salary desired: _____

Are you available to work? ___ Full Time ___ Part Time ___ Shift work ___ Temporary

Are you currently employed? ___ Yes ___ No

May we contact you at work? ___ Yes ___ No

May we contact your current employer? ___ Yes ___ No

Are you currently on layoff status and subject to recall? ___ Yes ___ No?

Are you over the age of 21 and under a bona fide mandatory retirement age? ___ Yes ___ No

If no, hire is subject to verification that you are of minimum legal age.

If you are under eighteen years of age, can you provide proof of eligibility to work?

___ Yes ___ No

Do you possess a current driver's license? ___ Yes ___ No

Do you possess a current commercial driver's license? ___ Yes ___ No



Are you legally eligible to work in the USA? ____ Yes ____ No

Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

Have you ever been bonded? ____ Yes ____ No If yes, on what job(s)?

List any friends or relative working for us:

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Borough?

Does applicant have any physical disability, which would prevent him/her from satisfactorily performing the job? ____ Yes ____ No
If yes, describe such disability(s) and specific work limitations:

Have you had a major illness in the past five (5) years? _____ If yes, describe:

Have you received compensation for injuries? ____ Yes ____ No If yes, describe:

EMPLOYMENT HISTORY: This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer:	Date started:	Work performed responsibilities:	
Address:	Date left:		
Job Title:	Starting Salary:		
	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Work performed responsibilities:	
Address:	Date left:		
Job Title:	Starting Salary:		
	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date left:	Work performed responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:	Date started:	Date left:	Work performed responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

COMMENTS:

EDUCATION: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years completed: (Circle)	Major Field:
High:	1 2 3 4	
College:	1 2 3 4	
Other:	1 2 3 4	

LANGUAGES: List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____

List duties in the Service including special raining _____

Have you taken any training under the G.I. Bill of Rights? If yes, what training did you take?

REFERENCES: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

NAME & ADDRESS:	PHONE NUMBER:	YEARS KNOWN:

UNDERSTANDINGS AND AGREEMENTS:

Employment is conditional upon the results of the criminal background check.

As an applicant for a position with the Borough of Westville, 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 Westville later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough of Westville the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Borough of Westville the right to secure additional job-related information about me. I release the Borough of Westville and its representatives from all liability for seeking such information. I understand that the Borough of Westville is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough of Westville 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 Westville may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough of Westville 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. *For your application to be considered, you must sign and date below.*

Applicant's Signature _____ Date _____

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

You are NOT required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program.

Applicant Information:

Name: _____

Address: _____

City/town: _____

Phone: () _____

Position Applied For: _____

How did you learn about this position? Advertisement Employment Agency
 Friend Relative Walk-in Other (Explain) _____

Information Regarding Status:

Gender:

Male

Female

Equal Employment Opportunity identification groups:

White

African-American (non-Hispanic)

Hispanic

American Indian/Alaskan native

Asian/Pacific Islander

Other _____

Other protected Groups:

Individual with a disability

Vietnam-era veteran (served between 1964 and 1975)

Disabled veteran

For Borough of Westville use ONLY:

Hired: _____ Yes _____ No Position _____ Date _____

Which EEO job classification best describes the position for which the applicant applied?

1. Officials and Managers
2. Sales workers
3. Operators(semi-skilled)
4. Professionals
5. Office and clerical workers
6. Laborers (unskilled)
7. Technicians
8. Craft workers (skilled)
9. Service workers

Borough of Westville Official _____

Date _____

Interviewed by _____ Date _____

REMARKS: _____

DEPARTMENT: _____

Position _____

Will Report

Salary/Wages