

SHREWSBURY TOWNSHIP

APPLICATION FOR EMPLOYMENT

DATE ____/____/____

PERSONAL DATA		
Last Name	First	Initial
Other Name(s) Used		Home Telephone # () -
Address		Business or Cell # () -
Position Applied For	How did you hear about job opening?	Salary Desired
Have you ever been employed with the Township of Shrewsbury before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list date(s) and job title(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Full -Time <input type="checkbox"/> Part - Time	

EDUCATION

Check Highest Grade Completed: High School ☐9 ☐10 ☐11 ☐12
College, Trade or Business ☐1 ☐2 ☐3 ☐4

School Name	City, State, Country	Major Studies	Degree, Diploma, License or Certificate
High School:			
College/University:			
Vocational, Business, Other:			
List any office machines, heavy equipment, vehicles or other machinery you can operate:			
Computer Skills (Hardware/Software):			
Other Special Knowledge, Skills or Qualifications:			

EMPLOYMENT HISTORY

List all past employment, starting with the most recent position. All information must be completed. You may attach a resume, as long as all requested information is provided.

Employed From / /	Employer Name	Starting Salary
Employed Until / /	City, State, Country	Ending Salary
Job Title/Position		Reason for Leaving
Duties & Responsibilities		

Employed From / /	Employer Name	Starting Salary
Employed Until / /	City, State, Country	Ending Salary
Job Title/Position		Reason for Leaving
Duties & Responsibilities		

Employed From / /	Employer Name	Starting Salary
Employed Until / /	City, State, Country	Ending Salary
Job Title/Position		Reason for Leaving
Duties & Responsibilities		

Employed From / /	Employer Name	Starting Salary
Employed Until / /	City, State, Country	Ending Salary
Job Title/Position		Reason for Leaving
Duties & Responsibilities		

GENERAL

Yes No

- ☐ ☐ May we contact your current employer for references?
- ☐ ☐ If hired, will you be able to work overtime?
- ☐ ☐ Are you a Shrewsbury Township Resident? If so, how long? _____
- ☐ ☐ Have you ever been discharged or asked to resign from any employment.
If yes, provide an explanation.

- ☐ ☐ Do you or any member of your immediate family own, or have interest in, any organization that deals with, is regulated by, or is otherwise affected by the operation of any department or agency of Shrewsbury Township? If so, describe fully:

DRIVER'S LICENSE – Please provide a copy.

Do you have a valid NJ Driver's License? Yes / No

If yes, please provide Driver's License #: _____

Do you have a valid NJ Commercial Driver's License (CDL)? Yes / No

Class

Endorsements

Do you have any other licenses/certifications relevant to the position you are applying for? Yes / No

If yes, please list the following:

Name of License

Issuing Authority/ Date Issued

License Number

Expiration Date

MILITARY EXPERIENCE

Are you a veteran? Yes / No _____
Branch of Service _____ Rank _____ Specialty _____

Dates of Duty: From _____ To _____ Rank at discharge? _____

Describe any training which would be relevant to the position for which you are applying.

REFERENCES

Please provide the names of three people (no relatives) that have known you for at least five (5) years, who can attest to your character, job skills, knowledge and abilities.

Name and Address: _____

Occupation: _____ Phone Number: _____

Name and Address: _____

Occupation: _____ Phone Number: _____

Name and Address: _____

Occupation: _____ Phone Number: _____

Please provide a short resume of why you would like to work for the Township of Shrewsbury.

CERTIFICATION & AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I hereby certify that all entries on this application for employment and attachments are true and complete, and I agree and understand that any falsification of or failure to disclose information herein, regardless of its time of discovery, may cause forfeiture on my part to any employment with the Township of Shrewsbury. I understand that the information on this application is subject to verification and consent to references and former employers and educational institutions listed being contacted regarding this application.

I further authorize the Township of Shrewsbury to obtain any information from schools, residential management agents, employers, criminal justice agencies or individuals relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records (both juvenile and adult). I hereby direct you to release such information upon the request of the bearer. I understand that the information release is for the Township of Shrewsbury's official use only.

I hereby release any individual, including records custodian, from any and all liability for damages of whatever kind or nature which may, at any time, happen to me as a result of compliance, or attempts to comply with this authorization.

Signature of Applicant

Date

ALL APPLICANTS **PRE-PLACEMENT NOTICE OF DRUG SCREENING** **HEALTH EXAMINATION AND FINGER PRINTING**

Please Read Carefully Before Signing

Shrewsbury Township is concerned with the health and safety of its employees, as well as the safety of the general public. Various government contracts, laws and regulations require that Shrewsbury Township and its subsidiaries maintain a drug-free workplace. Therefore, Shrewsbury Township requires all potential employees for Safety Sensitive Positions and positions requiring Commercial Driver's Licenses to successfully pass a drug and/or alcohol screen. This drug and/or alcohol screen will require the prospective employee to provide a urine sample, which will be tested for the presence of controlled substances.

A controlled positive test result, or the refusal to submit to a drug and/or alcohol screen will disqualify you from further consideration for employment with the Township of Shrewsbury and its agencies.

If an applicant has any questions regarding this Policy, it is their responsibility to request additional information from the Personnel Department of the Township of Shrewsbury.

I agree to be fingerprinted and to submit to a health examination as often as the Township of Shrewsbury determines to be necessary. As part of any physical, I further agree to submit a urine sample for the purpose of determining the presence or absence of drugs and/or alcohol. I hereby release and hold harmless Shrewsbury Township and its employees for any liability resulting from the request to provide specimen, the testing thereof (except for circumstances of negligence in the analysis and reporting of results), and the decisions made concerning my application for employment or my continued employment based on the results of these tests. I understand that a documented chain of custody will accompany my specimen from its initial submission through the entire testing process to ensure the identity and integrity of the specimen.

Signature of Applicant

Date