

BOROUGH OF OCEANPORT

APPLICATION FOR EMPLOYMENT

The Borough of Oceanport is an Equal Opportunity Employer

Any misstatement of fact, omissions or attempt to mislead may lead to your disqualification. This application must be typewritten or clearly printed.

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Other Contact #: _____

Date of Birth: _____ Social Security #: _____

Position Desired: _____

Date available for work: _____ Will you work overtime if required?: _____

Have you been convicted of a felony within the last 7 years? YES: NO:
 (such conviction may be relevant if job related but does not bar you from employment)

If Yes, Explain: _____

Driver's License #: _____ CDL # _____

Are you legally eligible for employment in the United States? YES: NO:

EDUCATION:

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	Degree or Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Other training or special skills: _____

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

EMPLOYMENT HISTORY

Employer	Telephone
Address	Employed From _____ To _____
Name of Supervisor	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Describe Your Work	Reason for Leaving

Employer	Telephone
Address	Employed From _____ To _____
Name of Supervisor	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Describe Your Work	Reason for Leaving

Employer	Telephone
Address	Employed From _____ To _____
Name of Supervisor	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Describe Your Work	Reason for Leaving

MILITARY

Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty From _____ To _____
	Rank at Discharge
	Date of Final Discharge

REFERENCES:

Provide three (3) references with whom you personally have been socially or professionally acquainted for at least 3 years.

Name: _____ Age: _____ Telephone: _____

Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Telephone: _____

Address: _____

Occupation: _____ Duration of association: _____

Name: _____ Age: _____ Telephone: _____

Address: _____

Occupation: _____ Duration of association: _____

SIGNATURE

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I also understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

The Employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

SIGNATURE

DATE