

# 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: \_\_\_\_\_

May we contact you by email? Email Address: \_\_\_\_\_

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: \_\_\_\_\_

**CREDIT REPORT ACKNOWLEDGMENT**

In connection with your employment application, the Employer will obtain an investigative consumer report from a Consumer Reporting Agency for employment purposes. The reports may contain information about you, relating to your criminal information or history, driving and/or motor vehicle records, education or employment history, or other background checks. The Employer may use information in the consumer report for decisions related to your employment. A copy of the report will be provided to you, free of charge, if you wish. The Employer will not use consumer information in violation of any state or federal law, and will comply with applicable laws and regulations. All information provided to the Employer by a Consumer Reporting Agency will be maintained confidentially in accordance with the State of New Jersey's Municipal Agencies General Records Retention Schedule.

**EQUAL OPPORTUNITY EMPLOYER**

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**

By signing this Application for Employment, I acknowledge that the information provided in this Application for Employment is true, accurate 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 if employed I am an at-will employee and 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.

By my signature below, I also hereby authorize the Employer to utilize the personal identifiers provided herein to obtain an investigative consumer report. I recognize that the Employer also requires that I sign a Background Investigation General Release Form in addition to this Application for Employment. I have been advised that if I wish to receive a copy of the investigative credit report, that I must include my address below. If I do not provide an address, a copy of the report will not be provided to me. This notice and authorization is in accordance with the Fair Credit Reporting Act.

**I hereby swear or affirm that the information provided in this Application for Employment is true, accurate and complete. If any of the information provided herein is false, misleading or untrue, I understand that it could have an impact on my employment, regardless of when discovered. I further authorize the Borough of Oceanport to use the personal identifiers provided by me herein to obtain an investigative consumer report for employment purposes.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE