

DIRECTIONS FOR ON-LINE EMPLOYMENT APPLICATION

- Click on **SIGN** (located on the top right hand corner of the screen)
- Click on **ADD TEXT** – fill in all areas that apply to you
- Once completed, click on **PLACE SIGNATURE** – a box will pop up for you to create your signature. Please enter your full name. Continue down to the signature line which is located on the last page of the application. Place your signature on the signature line.
- Click on **DONE SIGNING** – you will have the option to save your application on your device.
- Attach your newly created file and your resume (if applicable) in an email addressed to: employment@eastbrunswick.org.

If you have any questions on how to fill out this application, please contact Human resources at 732-390-6820.



Township of East Brunswick

APPLICATION FOR EMPLOYMENT

"An Equal Opportunity and ADA Employer"

Qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, the presence of non-job related medical condition or disability, or any other characteristic protected under Federal, State, or Local Law.

NAME

Last

First

Middle

CURRENT ADDRESS

Street

City

State

Zip

HOME PHONE

CELL PHONE

EMAIL ADDRESS

If under the age of 18, please list your age here _____

POSITION APPLIED FOR:

EMPLOYMENT DESIRED:

Full Time Only Part Time Only Full or Part Time

DAYS/HOURS AVAILABLE TO WORK:

No Preference
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Can you work nights? Yes No When are you available to start? _____

Have you previously been employed by the Township of East Brunswick? _____ If yes, please indicated department, dates of service, and name of manager _____

Do you have any relatives who are currently employed by the Township of East Brunswick? _____
If yes, please indicate name and department of relative: _____

Are you legally eligible for employment in the United States? Yes No
(Proof of US Citizenship or Immigration Status will be required upon employment)

Do you have a New Jersey Driver's License? Yes No Operator CDL Class _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

MILITARY

Have you ever been in the Armed Forces? Yes No

Are you now a member of the National Guard? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

EDUCATION

Type of School	Name of School	Location/Yrs. Completed	Major/Degree
High School			
College			
Business/Trade			
Professional School			

PREVIOUS WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give company/firm name.

Employer & Address: _____
Position Held: _____ From: _____ To: _____
Name of Supervisor: _____ Phone Number: _____
Reason for Leaving: _____
May we contact this employer? Yes No

Employer & Address: _____
Position Held: _____ From: _____ To: _____
Name of Supervisor: _____ Phone Number: _____
Reason for Leaving: _____
May we contact this employer? Yes No

Employer & Address: _____
Position Held: _____ From: _____ To: _____
Name of Supervisor: _____ Phone Number: _____
Reason for Leaving: _____
May we contact this employer? Yes No

Employer & Address: _____
Position Held: _____ From: _____ To: _____
Name of Supervisor: _____ Phone Number: _____
Reason for Leaving: _____
May we contact this employer? Yes No

Employer & Address: _____
Position Held: _____ From: _____ To: _____
Name of Supervisor: _____ Phone Number: _____
Reason for Leaving: _____
May we contact this employer? Yes No

Use this space below to summarize any additional information to describe your qualifications for the position you are applying for:

REFERENCES

Please list two reference other than relatives

Name: _____

Name: _____

Position: _____

Position: _____

Company: _____

Company: _____

Phone: _____

Phone: _____

AGREEMENT *(PLEASE READ CAREFULLY BEFORE SIGNING)*

I certify that all the information on this application is accurate and complete to the best of my ability and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship creates an actual or implied contract of employment. I understand that, if I accept employment, it will be on an at-will basis. This means, that either the Township of East Brunswick or I, have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I authorize the Township of East Brunswick to investigate information concerning my education, employment experience, and all other aspects of my background relevant to my proposed employment. I release the Township of East Brunswick and its employees from all liability arising from such investigation.

Signature of Applicant: _____ Date: _____