

## APPLICATION FOR EMPLOYMENT

Administration Building: One Collyer Lane, Basking Ridge, NJ 07920 Fax 908-766-5762

The Township of Bernards considers applicants for all positions without regard to race, creed, color, religion, national origin, civil union status, gender identity or expression, age, marital or political status, disability or handicap, sex or sexual orientation or any other category protected by federal, state or local law or regulation.

(Please clearly print or type all information)

Application Date:						
Name:						
Position Applied For:						
Department:						
A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY.						
Instructions for completing this application:						
<ul> <li>Resumes can be submitted with the application however all questions on this application must be fully answered. Do not indicate "See Resume" on any part of this application and then leave sections blank. This application requests more information that can be obtained from a resume.</li> <li>If a question does not apply, please write N/A</li> <li>Please indicate the specific position for which you are applying. If you are not applying for a specific job opening, please provide some indicator of the type of work for which you are looking (ex. Administrative, management) and/or the department of interest (ex. Clerk, Finance).</li> <li>Do not abbreviate the name of your employers or education. Provide complete addresses and telephone numbers for all employers, and references.</li> <li>Be sure to sign and date this application.</li> </ul>						
All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law.						
PLEASE NOTE: Due to the large number of applications we receive, only those candidates being considered for an interview will be contacted.						
DO NOT WRITE BELOW THIS LINE						
RECOMMEND FOR EMPLOYMENT: Yes No IF NO, HOLD FOR FUTURE USE? Yes No						
IF YES, START DATE: START SALARY:						

HUMAN RESOURCES SIGNATURE: DATE:

I. PERSO	NAL						
LAST NAME		FIRST	MID	DLE			
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE , ZIP CODE)					TELEPHONE NUMBER		
PERMANENT ADD	RESS (IF DIFFERENT THAN PRES	ENT ADDRESS)		TELEPHONE N	umber – Cell		
ARE YOU 18 YEAF	RS OF AGE OR OLDER? (If no, yo	ou will be required to show proof of eligibility to	o work.)	☐ Yes	☐ No		
	Y ELIGIBLE TO WORK IN THE UN	☐ Yes	☐ No				
required upon em		EDNADDS TOWAS UP					
NAME OF RELATI	ve or friends employed by B	EKIVAKUS TOWNSTIP					
HAVE YOU EVER I	BEEN EMPLOYED BY BERNARDS	☐ Yes	☐ No				
II DOCIT	TON AND DEDCOMA	LINTERFECTO					
POSITION	ION AND PERSONA	L TIMIEKESIS		SALARY DESIRE	)		
APPLIED FOR						R	
are you employ	'ED NOW?	HOW WERE YOU	HOW WERE YOU REFERRED TO US?				
Yes	☐ No						
WHAT KIND OF W	Vork do you generally prefe	ER? (INTERESTS AND CAREER OBJECTIVES)					
COMPLETE IF DRI	IVING IS AN ESSENTIAL PART OF	THE JOB BEING APPLIED FOR					
DO YOU HAVE A	/ALID DRIVER'S LICENSE?	☐ Yes ☐ No					
PLEASE SIGN TO	L INDICATE YOUR AUTHORIZATIO	N FOR THE TOWNSHIP TO PERFORM A RECOR	RD CHECK OF THE DIVISION	OF MOTOR VEHICLES'	FILES, UPON AN OF	FER OF	
EMPLOYMENT BY	THE TOWNSHIP:						
III. FDUC	ATION AND TRAIN	ING					
SCHOOL			COURSE	CIRCLE LAST YEAR	DID YOU	LIST DIPLOMA	
	N/P	ME AND ADDRESS OF SCHOOL	OF STUDY	COMPLETED	GRADUATE?	OR DEGREE	
HIGH SCHOOL				0 10 11	∐ Yes		
OR EQUIVALENT				9 10 11 12	∐ No		
TECHNICAL OR					Yes		
COMMERCIAL				1 2 3 4	☐ No		
					☐ Yes		
COLLEGE				1 2 3 4	☐ No		
OTHER					☐ Yes		
(SPECIFY)				1 2 3 4	☐ No		
ARE YOU TAKING	ANY COURSE OF STUDY NOW?	IF YES, PROVIDE DETAILS:	·	DATE TO BE COMPLET	ED		
☐ Yes	☐ No						
LIST ANY SCHOLA	ASTIC HONORS, HONORARY SOC	IETIES, FELLOWSHIPS AND SCHOLARSHIPS.					
DESCRIBE ANY SE	PECIALIZED TRAINING, APPRENT	ICESHIP, SKILLS OR EXTRA-CURRICULAR ACT	TVITIES (i.e. EMT or fire figh	nting training and partici	pation, etc.) Exclud	e those that	
indicate race, relig	gion, sex, age, national origin or o	other protected classification.					
IF YOU HAVE EMT	OR FIRE FIGHTING CERTIFICAT	TION, WOULD YOU BE WILLING TO VOLUNTER	ER FOR THE TOWNSHIP DUF	RING YOUR WORKDAY?	Yes	No	
WHAT COMPUTER	R SKILLS DO YOU HAVE AND WHA	AT OFFICE MACHINES CAN YOU USE? (IF APP	PLICABLE)				

## IV. EMPLOYMENT HISTORY

Please account for all periods of employment, including U.S. Armed Forces experience, periods of travel, and self-employment. List present or last employer first. If more space is desired, please use an additional application. NAME OF EMPLOYER ADDRESS OF EMPLOYER DATE EMPLOYED FROM ТО / MONTH YEAR MONTH YEAR TELEPHONE OF EMPLOYER SUPERVISOR'S NAME & TITLE DEPARTMENT YOUR POSITION OR TITLE: REASON FOR LEAVING: MAY WE CONTACT EMPLOYER? NOW [ AT A LATER DATE [ ] NOT AT ALL [ ] NAME OF EMPLOYER ADDRESS OF EMPLOYER DATE EMPLOYED FROM TO / / MONTH YEAR MONTH YEAR TELEPHONE OF EMPLOYER SUPERVISOR'S NAME & TITLE DEPARTMENT YOUR POSITION OR TITLE: REASON FOR LEAVING: MAY WE CONTACT EMPLOYER? NOW [ AT A LATER DATE [ ] NOT AT ALL [ NAME OF EMPLOYER ADDRESS OF EMPLOYER DATE EMPLOYED FROM TO MONTH YEAR MONTH YEAR TELEPHONE OF EMPLOYER SUPERVISOR'S NAME & TITLE DEPARTMENT YOUR POSITION OR TITLE: REASON FOR LEAVING: MAY WE CONTACT EMPLOYER? NOW [ ] AT A LATER DATE [ ] NOT AT ALL [ ] NAME OF EMPLOYER ADDRESS OF EMPLOYER DATE EMPLOYED FROM TO MONTH YEAR MONTH YEAR SUPERVISOR'S NAME & TITLE TELEPHONE OF EMPLOYER DEPARTMENT YOUR POSITION OR TITLE: REASON FOR LEAVING: MAY WE CONTACT EMPLOYER? NOW [ ] AT A LATER DATE [ ] NOT AT ALL [ ] NAME OF EMPLOYER ADDRESS OF EMPLOYER DATE EMPLOYED FROM ТО / / MONTH YEAR MONTH YEAR TELEPHONE OF EMPLOYER SUPERVISOR'S NAME & TITLE DEPARTMENT YOUR POSITION OR TITLE: REASON FOR LEAVING:

AT A LATER DATE [ ]

NOT AT ALL [ ]

MAY WE CONTACT EMPLOYER?

NOW [ ]

ARE YOU AFFILIATED WITH ANY OTHER COMPANY THAT REQUIRES WORK OF YOU?  YES NO PYES, PLASE EDMAN  MIN WHAT BUSINESS, PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS DO YOU HOLD MEMBERSHIP? Excluse those that indicate race, religion, see, age, national organ or other protect desaification.  WHAT PROFESSIONAL LICENSES DO YOU HOLD?  WITH PROFESSIONAL LICENSES DO YOU HOLD?  WHAT PROFESSIONAL LICENSES DO YOU HOLD?  WH	V. OUTSIDE ORGANIZA	ATIONS			
ARE YOU ARE TO PERFORM THE SSENTIAL REQUIREMENTS OF THE JOR, WITH OR WITHOUT FRASONARE ACCOMOMINATION YES NO  VII. RELEASE OF APPLICATION  DO NOT ANSWER THIS QUESTION WITHOUT FRASONARE ACCOMOMINATOR YES NO  VIII. RELEASE OF APPLICATION  DESCRIBE ANY OTHER EXPERIENCE THAT MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION. (Other work experience, internahips, school activity, apprenticeships, etc.)  VII. REFERENCES Exclude relatives but provide three (3) persons not previously mentioned who are most familiar with your work, ability and training.  NAME  RELATIONSHIP  POSITION  ADDRESS  TELEPHONE  VIII. ESSENTIAL FUNCTIONS  DO NOT ANSWER THIS QUESTION WITHOUT FIRST REVIEWING THE JOB DESCRIPTION  ARE VOU ABLE TO PERFORM THE ESSENTIAL REQUIREMENTS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMOMITION? Yes NO  VIII. RELEASE OF APPLICATION  IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWASHIP, DO YOU WISH YOUR APPLICATION YES NO  VIII. RELEASE OF APPLICATION  IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWASHIP, DO YOU WISH YOUR APPLICATION YES NO  VIII. RELEASE OF APPLICATION  IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWASHIP, DO YOU WISH YOUR APPLICATION YES NO  VIII. RELEASE OF APPLICATION  IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWASHIP, DO YOU WISH YOUR APPLICATION YES NO  IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWASHIP, DO YOU WISH YOUR APPLICATION YES NO  IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWASHIP, DO YOU WISH YOUR APPLICATION YES NO  IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWASHIP, DO YOU WISH YOUR APPLICATION YES NO  IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWASHIP, DO YOU WISH YOUR APPLICATION YES NO  IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWASHIP, DO YOU WISH YOUR PROVIDED THE YELD	ARE YOU AFFILIATED WITH ANY OTHER	R COMPANY THAT REQUIRES \	WORK OF YOU?		
IN WHAT PROFESSIONAL DR SCIENTIFIC ASSOCIATIONS DO YOU HOLD MEMBERSHIP? Exclude those that indicate race, religion, sex, age, national origin or other protect desirification.    WHAT PROFESSIONAL LICENSES DO YOU HOLD?					
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Signature of Applicant: Date:					