

EMPLOYMENT APPLICATION

City of Bridgeton

OFFICE: _____

SEASONAL
PART TIME

FULL TIME

(PRINT OR TYPE)

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	AREA CODE & TELEPHONE NO.
PRESENT ADDRESS (NUMBER & STREET)			(CITY)	(STATE) (ZIP)

EMAIL ADDRESS: _____

ARE YOU A RESIDENT OF: Bridgeton _____ YEARS Cumberland County _____ YEARS	POSITION APPLYING FOR _____ N.J. DRIVERS LICENSE MAY BE REQUIRED FOR SOME POSITIONS.
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MILITARY RECORD-WHAT IS YOUR PRESENT SELECTIVE -SERVICE CLASSIFICATION:

NON-VETERAN
 VETERAN
 TYPE OF DISCHARGE _____

DATES OF SERVICE: FROM _____ TO _____

LIST ALL HIGH SCHOOL, VOCATIONAL TRAINING SCHOOLS, COLLEGES, UNIVERSITIES OR GRADUATE SCHOOLS WHICH YOU HAVE ATTENDED.

NAME	DATES ATTENDED	GRADUATE	MAJOR AREA OF STUDY	DEGREE OR LICENSE
	FROM: _____ TO: _____	YES NO		
	FROM: _____ TO: _____	YES NO		
	FROM: _____ TO: _____	YES NO		

MACHINES OPERATED AND/OR SPECIAL SKILLS:

LIST ANY OTHER LICENSES, CERTIFICATES OR INTERNSHIPS RELATED TO YOUR SKILL, PROFESSION OR TRADE.

TYPING: YES NO APPROX. SPEED _____

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A STATE OF NEW JERSEY PENSION OR RETIREMEN FUND? YES NO

(IF YES, EXPLAIN)

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF BRIDGETON? YES NO

(IF YES, WHEN?) DATE: _____

REMARKS:

EMPLOYMENT RECORD / BEGIN WITH PRESENT POSITION / ATTACH ADDITIONAL SHEETS OR RESUME IF APPLICABLE

NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:
	FINAL SALARY:	

DATES OF EMPLOYMENT: FROM: _____ TO: _____	REASON FOR LEAVING:	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
		NUMBER OF HOURS PER WEEK:

NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:
	FINAL SALARY:	

DATES OF EMPLOYMENT: FROM: _____ TO: _____	REASON FOR LEAVING:	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
		NUMBER OF HOURS PER WEEK:

NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:
	FINAL SALARY:	

DATES OF EMPLOYMENT: FROM: _____ TO: _____	REASON FOR LEAVING:	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
		NUMBER OF HOURS PER WEEK:

REFERENCES: (GIVE NAMES OF THREE (3) UNRELATED PERSONS WHOM YOU HAVE KNOWN FOR MORE THAN TWO (2) YEARS.)			
NAME	ADDRESS	TELEPHONE NUMBER	POSITION

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF BRIDGETON? YES No

(IF YES, EXPLAIN): FROM: _____ TO: _____

DEPARTMENT: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE OR MISLEADING STATEMENT WILL BE CAUSE FOR REJECTION OR REMOVAL. PLEASE TAKE NOTICE THAT THE APPLICANT IF EMPLOYED WILL NOT BE EMPLOYED AS A LATERAL TRANSFER FROM ANY OTHER POSITION. PLEASE TAKE FURTHER NOTICE THAT IN RETURN FOR BEING EMPLOYED, IF EMPLOYED, THE APPLICANT BY HIS OR HER SIGNATURE AFFIXED BELOW DOES PRESENTLY WAIVE AND GIVE UP ANY AND ALL RIGHTS AND BENEFITS HE OR SHE MIGHT OTHERWISE HAVE BEEN ENTITLED TO BY VIRTUE OF THE PROVISIONS OF NJSA 40A:9-5 AND ANY APPLICABLE STATUTES.

DATE OF APPLICATION: _____ SIGNATURE: _____