

# APPLICATION FOR EMPLOYMENT

LONG BEACH TOWNSHIP

IS AN EQUAL OPPORTUNITY EMPLOYER M/F

LONG BEACH TOWNSHIP CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGION, AGE, MARITAL STATUS, CIVIL UNION STATUS, DOMESTIC PARTNERSHIP STATUS, AFFECTIONAL OR SEXUAL ORIENTATION, GENETIC INFORMATION, SEX, PREGNANCY, GENDER IDENTITY OR EXPRESSION, DISABILITY (INCLUDING PERCEIVED DISABILITY, PHYSICAL, MENTAL, AND/OR INTELLECTUAL DISABILITIES, AIDS OR HIV INFECTION), POLITICAL AFFILIATION (TO THE EXTENT PROTECTED BY LAW), ATYPICAL HEREDITARY CELLULAR OR BLOOD TRAIT, OR BECAUSE OF THE LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES, VETERAN STATUS, CITIZENSHIP STATUS, OR ANY OTHER CLASS PROTECTED BY LAW.

The Americans with Disabilities Act of 1990 prohibits employers from discriminating against any qualified person on the basis of a disability. Long Beach Township makes reasonable accommodations during all aspects of the application process. The Township also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential functions of the job. The Township, however, can only reasonably accommodate a disability of which it is aware. Therefore, it is the applicant's responsibility to inform the Township that he or she needs a reasonable accommodation. The Township may ask the applicant for documentation to support the request for a reasonable accommodation. Applicants who need a reasonable accommodation before the interview process begins should inform the Township Business Administrator.

A resume is not a substitute for completing this form in its entirety.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Long Beach Township Employment Application:

Date: \_\_\_\_\_

## Applicant Information:

Name (Last, First, Middle): \_\_\_\_\_

Physical/Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Have you ever applied to Long Beach Township before: \_\_\_ Yes \_\_\_ No If yes, give date \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you available to work:  Full-time  Part-time  Temporary  Seasonal  
 Week Days  Weekends  Evenings  Nights  Any Shift  Rotating Shift/Shift Work

Are you currently on layoff status and subject to recall: \_\_\_ Yes \_\_\_ No

Are you eighteen years of age or older? (If under 18, you will be required to submit working papers if offered employment): \_\_\_ Yes \_\_\_ No.

Are you legally eligible to work in the United States? (Proof of U.S. Citizenship or work authorization status will be required upon an offer of employment) : \_\_\_ Yes \_\_\_ No.

## Driver's License:

Complete this section if driving is an essential part of the job for which you are applying.

Do you possess a current driver's license: \_\_\_ Yes \_\_\_ No

State of Issuance: \_\_\_\_\_ License Number: \_\_\_\_\_

Complete this section if the job for which you are applying requires that you possess a Commercial Driver's License:

Do you possess a current commercial driver's license: \_\_\_ Yes \_\_\_ No

If so, identify the class of CDL and list all endorsements: \_\_\_\_\_

Commercial Driver's License Number: \_\_\_\_\_

Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? \_\_\_ Yes \_\_\_ No

**Employment History:** This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

|  |               |                                  |
|--|---------------|----------------------------------|
| Employer:  | Date started: | Work performed/responsibilities: |
| Address:   | Date left:    |                                  |
| Job Title:   |               |                                  |
| Reason for leaving:  |               |                                  |
| Supervisor's name and phone number:  |               |                                  |
| May we contact for a reference: Yes <input type="checkbox"/> No <input type="checkbox"/> |               |                                  |
| Employer:  | Date started: | Work performed/responsibilities: |
| Address:   | Date left:    |                                  |
| Job Title:   |               |                                  |
| Reason for leaving:  |               |                                  |
| Supervisor's name and phone number:  |               |                                  |
| May we contact for a reference: Yes <input type="checkbox"/> No <input type="checkbox"/> |               |                                  |
| Employer:  | Date started: | Work performed/responsibilities: |
| Address:   | Date left:    |                                  |
| Job Title:   |               |                                  |
| Reason for leaving:  |               |                                  |
| Supervisor's name and phone number:  |               |                                  |
| May we contact for a reference: Yes <input type="checkbox"/> No <input type="checkbox"/> |               |                                  |
| Employer:  | Date started: | Work performed/responsibilities: |
| Address:   | Date left:    |                                  |
| Job Title:   |               |                                  |
| Reason for leaving:  |               |                                  |
| Supervisor's name and phone number:  |               |                                  |
| May we contact for a reference: Yes <input type="checkbox"/> No <input type="checkbox"/> |               |                                  |

**Comments:**

**Education:** Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

| School:  | Years Completed<br>(Circle) | Graduated:<br>(Circle) | Year of<br>Graduation | Major |
|----------|-----------------------------|------------------------|-----------------------|-------|
| High:    | 1 2 3 4                     | Yes No                 |                       |       |
| College: | 1 2 3 4                     | Yes No                 |                       |       |
| Other:   | 1 2 3 4                     | Yes No                 |                       |       |

**Languages:** List any foreign language you know and your level of proficiency.

Language Proficiency

|  |  |
|--|--|
|  |  |
|  |  |

**Special Skills & Experience:** State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying. Specify the issuing agency for each certification or license and whether each is current, in good standing and if suspended at any time or terminated, state the basis for it.

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**References:** Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

| Name & Address: | Phone Number: | Years Known: |
|-----------------|---------------|--------------|
|                 |               |              |
|                 |               |              |
|                 |               |              |

**Understandings and Agreements:**

As an applicant for a position with Long Beach Township, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if Long Beach Township later discovers that information on this form was incomplete, untrue, or inaccurate. I give Long Beach Township the right to investigate the information I have provided within this application or through any other means as it deems

necessary in arriving at an employment decision, including but not limited to talking with former employers (except where I have indicated they may not be contacted) and references. I give Long Beach Township the right to secure additional job-related information about me. I release and shall hold harmless Long Beach Township and its employees, representatives, agents, officers and elected officials from all liability for seeking such information. I understand that Long Beach Township is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that Long Beach Township will make reasonable accommodations as required by law. I understand that, if employed, I may resign at any time and that Long Beach Township may terminate me at any time in accordance with its established policies and procedures. No representatives of Long Beach Township may make any assurances to the contrary. I understand that any offer of employment may be subject to a job-related post-offer requirements including but not limited to medical, physical, drug, or psychological tests) and background checks. *For your application to be considered, you must sign and date below.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign to indicate your authorization for the Township of Long Beach to perform a record check of your driver's license and/or Commercial Driver's License, upon an offer of employment by the Township.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Voluntary Affirmative Action Information

You are **not** required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program

### Applicant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/town: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Position Applied For: \_\_\_\_\_

How did you learn about this position?     Advertisement     Employment Agency  
 Friend     Relative     Walk-in     Other (Explain) \_\_\_\_\_

### Information Regarding Status:

Gender:

Male

Female

Equal Employment Opportunity identification groups:

White

African-American (non-Hispanic)

Hispanic

American Indian/Alaskan native

Asian/Pacific Islander

Other \_\_\_\_\_

Other protected Groups:

Individual with a disability

Vietnam-era veteran (served between 1964 and 1975)

Disabled veteran

### For Long Beach Township use only

Hired:  Yes     No    Position \_\_\_\_\_    Date \_\_\_\_\_

Which EEO job classification best describes the position for which the applicant applied?

1. Officials and Managers

4. Sales workers

7. Operators (semi-skilled)

2. Professionals

5. Office and clerical workers

8. Laborers (unskilled)

3. Technicians

6. Craft workers (skilled)

9. Service workers

Long Beach Township Official \_\_\_\_\_    Date \_\_\_\_\_

**This page for Long Beach Township use only!**  
**Results of interview**

**Interviewer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_