



**Borough of Bay Head, NJ**

**Employment Application**

**Date Received: \_\_\_\_\_**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this municipality? YES  NO  If yes, when? \_\_\_\_\_

Do you have any relative presently employed by the Borough of Bay Head? YES  NO

If so, whom? \_\_\_\_\_

Have you been discharged, forced to resign, or rejected during a probationary period from any employment within the last 1 years? YES  NO

If yes, list on an attached sheet. Include the name of employer, dates of employment, and reason for discharge, forced resignation, or rejection during probationary period. A "yes" answer does not necessarily disqualify you from employment.

Do you have a valid New Jersey driver's license? YES  NO

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

Driver's License Expiration Date: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

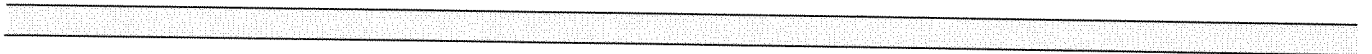
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO



Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

**AGREEMENT - READ CAREFULLY BEFORE SIGNING**

I hereby certify that all statements made in this application are true, complete and without omission. I authorize investigation of all matters represented by this application. I agree and understand that any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights of employment with the Borough of Bay Head no matter when said misstatement or omission is discovered or comes to light. I agree to furnish such proof of age, citizenship, licenses, education, and/or any other representations made in this application as may be requested.

I agree to undergo a physical examination by a Borough of Bay Head contracted physician, if said examination is required for this position. If an offer of employment is made, I understand that employment is contingent upon the ability to complete the Borough's physical job requirements. I agree to pre-employment testing for the presence of drugs and alcohol, if required. I further agree to be fingerprinted and agree to on-going updates pursuant to the Subsequent Arrest Notice program from the Department of Justice.

I understand that all offers of employment are conditioned upon satisfactory proof of identity and legal ability to work in the United States and that the Borough of Bay Head is legally required by the Federal Government to hire only U.S. Citizens and aliens lawfully authorized to work in the United States.

I also authorize employers, schools, or persons from employers listed in this application to give any information regarding my employment, qualifications, and character. I hereby release said employers, schools, persons and the Borough of Bay Head from any liability or damages for receiving, using, or releasing information.

Signature:

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Date:

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**The Borough of Bay Head will provide reasonable accommodation for qualified individuals with disabilities. To request an accommodation, please contact the Borough at 732-892-0636.**



**VOLUNTARY DISCLOSURE**

The Borough of Bay Head is an Equal Opportunity Employer. In accordance with Section 1233 and 12940 of the State Government Code, the information requested below will be used for statistical purposes only. It will enable the Borough of Bay Head to more effectively evaluate the recruitment process and to determine if there is any adverse impact in the selection process under all applicable Equal Opportunity laws. This information is requested on a voluntary basis and will not be retained as part of your application. If you have any questions regarding this request, please contact the Borough of Bay Head. Your application will be processed whether or not you complete this form. Thank you for your assistance.

**POSITION FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_

**GENDER:**

MALE  FEMALE

**ETHNIC BACKGROUND: Please circle all that apply**

AMERICAN INDIAN or ALASKAN NATIVE

ASIAN or  PACIFIC ISLANDER

BLACK

HISPANIC

WHITE

*Thank you for your interest in employment with the Borough of Bay Head.*