

Date: _____

**Township of Wyckoff
340 Franklin Avenue, Wyckoff, NJ 07481**

Employment Application:

Applicant Information:

Name (Last, First, Middle): _____

Address: _____

City/Town: _____

Phone (Work): _____ (Home): _____

Social Security Number (last 4 digits): _____ (Cell): _____

Position applied for: _____

Have you ever applied to the Township of Wyckoff before: ___ Yes ___ No If yes, give date _____

Date you can start: _____ Salary desired: _____

Are you available to work: ___ Full time ___ Part time ___ Shift work ___ Temporary

Are you currently employed: ___ Yes ___ No May we contact you at work: ___ Yes ___ No

May we contact your current employer: ___ Yes ___ No

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

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

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

Please list any endorsements: _____

If you are under eighteen years of age, can you provide proof of eligibility to work: ___ Yes ___ No

Are you legally eligible to work in the United States of America: ___ Yes ___ No
Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

Have you ever pleaded guilty or been found guilty of a crime or disorderly persons offense: ___ Yes ___ No

Employment is conditional upon the results of the criminal background check. An answer of "Yes" may disqualify you from employment depending upon the circumstances involved. If "Yes", please explain below.

The Township of Wyckoff is an Equal Opportunity Employer M/F

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:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: ___ Yes ___ No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: ___ Yes ___ No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: ___ Yes ___ No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: ___ Yes ___ No			

Comments:

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. 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: (Circle)	Graduated: (Circle)	Major Field:
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 languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

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.

Comments & Additional Information: Is there any additional information about you we should consider?

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 the Township of Wyckoff, 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 the Township of Wyckoff later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township of Wyckoff the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Township of Wyckoff the right to secure additional job-related information about me. I release the Township of Wyckoff and its representatives from all liability for seeking such information. I understand that the Township of Wyckoff is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Wyckoff will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Township of Wyckoff may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Wyckoff may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. *For your application to be considered, you must sign and date below.*

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 Township of Wyckoff 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

Township of Wyckoff Official _____

Date _____

**Fingerprint and Background Check Consent Form
For Employees, Job Applicants, and Volunteers That May Work or Have
Contact with Minors**

In accordance with the Township of Wyckoff and the Employment Practices Liability requirements, I understand that, as a condition of continued employment, new employment, or my volunteer service, the Township of Wyckoff requires background checks on all individuals who will be working with children.

By signing this form, I agree to be fingerprinted and consent to a criminal background record check as a condition of new employment, continued employment, or voluntary service. I also represent, attest, and certify that I have never been convicted of any of the following crimes or disorderly persons offenses as defined by New Jersey law or the law of any other state, or that the guilty disposition of any of the crimes and/or offenses has been amended to a status of not guilty, or that any previous charges, as listed below, have been expunged:

2C:11 HOMICIDE - all offenses

2C:12 ASSAULT, ENDANGERING, THREATS - all offenses

2C:13 KIDNAPPING - all offenses

2C:14 SEXUAL OFFENSES - all offenses

2C:15 ROBBERY - all offenses

2C:20 THEFT - all offenses

2C:24 OFFENSES AGAINST THE FAMILY, CHILDREN AND INCOMPETENTS -
all offenses

2C:35 CONTROLLED DANGEROUS SUBSTANCES - all offenses

Name (please print)

Applicant's signature

Date

Parent's signature (if applicant is under 18)

Date