

Township of Evesham

Human Resources

984 Tuckerton Road • Marlton, NJ 08053

856-983-2900 • www.evesham-nj.gov • hr@evesham-nj.gov

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

All persons shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.
All persons requiring reasonable accommodation to complete the application and/or interview process should notify the Human Resources Office.

PLEASE PRINT ANSWERS TO ALL QUESTIONS AND COMPLETE ALL SPACES ON APPLICATION EVEN IF SUBMITTING RESUMÉ

Position applied for: _____ Date of application: _____

Full legal name _____ Home Phone (____) _____
Last First Middle

Address _____ Other Phone (____) _____
City State Zip

Referral Source Walk-in Township Employee _____ Twp. Website
 Newspaper _____ Other _____

Type of Employment Desired Full-time Part-time Seasonal Temporary

Relatives employed by the Township of Evesham _____

May we contact you at work? Yes No Work Phone (____) _____

Have you submitted an application at the Township before? Yes No

If yes, please give date(s) and position(s) _____

Have you ever been employed by the Township of Evesham? Yes No

If yes, dates and positions held _____

When will you be available for work? ____/____/____ What is your desired salary range? _____

If you are under the age of 18, can you furnish a work permit? Yes No

If no, please explain _____

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States?..... Yes No

If they have been explained, are you able to meet the attendance requirements of this position?..... Yes No

Are you able to work overtime if required? Yes No
If no, please explain _____

Have you ever been bonded? Yes No

Have you ever been convicted of a crime?..... Yes No
If yes, please give details _____

ANSWERING "YES" TO THE QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Attach resume, if necessary. Explain any gaps in employment in **Comments** section below.

Employer		Address	Phone ()
Date Started	Starting Salary	Starting Position	
Date Ended	Ending Salary	Position upon Leaving	
Name and Title of Supervisor		Reason for Leaving	
Brief Description of Responsibilities			
Employer		Address	Phone ()
Date Started	Starting Salary	Starting Position	
Date Ended	Ending Salary	Position upon Leaving	
Name and Title of Supervisor		Reason for Leaving	
Brief Description of Responsibilities			
Employer		Address	Phone ()
Date Started	Starting Salary	Starting Position	
Date Ended	Ending Salary	Position upon Leaving	
Name and Title of Supervisor		Reason for Leaving	
Brief Description of Responsibilities			

Comments (include explanation of any gaps in employment and indicate any further information that may be relevant to your ability to perform in the position for which you have applied)

Skills and Qualifications

Summarize any special training, skills, training, seminars, workshops, certifications and/or licenses you have that may qualify you as being able to perform job-related functions in the position for which you are applying.

Computer Skills (Check appropriate boxes and indicate software titles with which you have had experience)

<input type="checkbox"/> Word Processing _____	<input type="checkbox"/> E-mail _____
<input type="checkbox"/> Spreadsheet _____	<input type="checkbox"/> Internet _____
<input type="checkbox"/> Presentation _____	<input type="checkbox"/> Other _____

Education

Starting with your most recent school attended, provide the following information. If education is under a different name, indicate the name in the box for the corresponding school.

SCHOOL (Include City and State)	YEARS COMPLETED	DEGREE/ DIPLOMA/ CERTIFICATION	GPA/CLASS RANK	MAJOR	MINOR

References

List three references, excluding relatives and previous employers, who know your qualifications.

NAME	RELATIONSHIP TO YOU	TELEPHONE	NUMBER OF YEARS KNOWN
		()	
		()	
		()	

Additional Information

List professional, trade, business or civic associations and any office held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve National Guard or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve National Guard or any other similarly protected status.

List any additional information you would like us to consider.

Certification

I hereby certify that all entries on the application and attachments are true and complete. I understand that any omission or material misstatement on my application, résumé or other document submitted in support of my application, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Township of Evesham.

I understand that any offer of employment by the Township of Evesham may be contingent upon the results of a reference and background check, post offer physical, drug/alcohol test or other pre-employment testing.

Signature

Date

Authorization for Background and Reference Check

I understand that all information that I have provided is subject to verification and I consent to criminal history background checks and any verification for bonding, when required. I authorize the Township of Evesham to contact references, former employers and educational institutions listed regarding this application. I authorize the Township to rely upon and use, as it sees fit, any information received from such contacts. I hereby fully release and discharge the Township, my former employers, their respective officers, employees and agents, and all other persons and entities from any and all claims, demands, and liabilities arising out of or in any way relating to such investigation or disclosure.

Signature

Date

NOTICE TO APPLICANTS AND EMPLOYEES

We are proud to be a
DRUG-FREE
workplace

Screening tests for alcohol
and illegal drug use may be
required before hiring and
during your employment here