



APPLICATION FOR EMPLOYMENT

TOWN OF NEWTON
 39 Trinity Street
 Newton, New Jersey 07860-1823
 Phone (973) 383-3521 • Fax (973) 383-8961
 www.newtontownhall.com

FOR OFFICIAL USE ONLY	
Date Rec'd	
Department	
Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date

Applicant Information

Full Name (First, Middle, Last)		Social Security #
Present Address (Street, Town, State, Zip)		
Home Telephone #	Cell Telephone #	E-Mail Address

Are you legally eligible for employment in the United States: Yes No Driver's License # _____ State _____
(Proof of citizenship or authorization to work in the United States will be required upon hire.)

Position(s) applying for: _____

Were you previously employed by us? Yes No If yes, when? _____ If your application is considered favorably, on what date will you be available to start work? _____

Do you have any special skills or qualifications which will be of benefit in the position for which you are applying?

Were you ever convicted of a crime? Yes No If yes, please explain on a separate sheet of paper.

Is any member of your immediate family employed by the Town of Newton? Yes No If yes, please name: _____

Were you in the Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From _____ to _____ Rank at discharge: _____

If employed by the Town of Newton are you willing to take a physical exam? Yes No

Are you available to work on Saturdays, Sundays, or evenings if required by your position? Yes No

Record of Education

	Elementary School	High School	College/University	Other
School Name				
Location				
Last Year Completed	<input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify Degree or Certification Received				

***Use this space to describe any internships, licenses, certifications or registrations that you possess which are related to the position for which you are applying.**

What type of license(s), certification(s), and/or registration(s) do you hold?	What type of internship(s) have you completed?
In which state(s) do you hold the license(s), certification(s), and/or registration(s)?	Where was the internship(s) completed?
What was the original issue date of the license(s), certification(s), and/or registration(s)?	What were the dates of the internship(s)?
What is the date of your current license(s), certification(s), and/or registration(s)?	How many hours per week did you take part in the internship? _____
	Was it part of a college curriculum? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer #1	Employment History (start with your current or most recent job)		
	Name of Company		Type of Business
	Address		Telephone #
	Job Title		Supervisor
	Employment Dates		Starting/Ending Salary /
	Work Performed		
	Reason for Leaving		

Employer #2	Name of Company		Type of Business
	Address		Telephone #
	Job Title		Supervisor
	Employment Dates		Starting/Ending Salary /
	Work Performed		
	Reason for Leaving		

Employer #3	Name of Company		Type of Business
	Address		Telephone #
	Job Title		Supervisor
	Employment Dates		Starting/Ending Salary /
	Work Performed		
	Reason for Leaving		

If there is a particular employer you do not wish us to contact, please indicate which one(s).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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Personal References (no former employers or relatives please)

Name	Address	Telephone #

The Town of Newton is an equal opportunity employer and may not discriminate on the basis of race, color, creed, national origin, ancestry, political affiliation, age, marital status, sex, gender identity or expression, affectional or sexual orientation, physical or mental disability, liability for military service or handicap.

All applicants offered a position with the Town of Newton must submit to a drug and alcohol test as a condition of employment.

Applicant's Statement

I hereby authorize the Town of Newton to contact, obtain and verify the accuracy of information contained in this application from all previous employers (except where I have indicated they may not be contacted), educational institutions and references. I also hereby release the Town of Newton and its representatives from all liability for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on the application may result in my dismissal. I further understand that this application is not nor is it intended to be a contract of employment, nor does this application obligate the Town of Newton in any way if the Town decides to employ me. No one other than the Town Manager has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the Town Manager.

Signature of Applicant: _____

Date: _____



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FOR INTERVIEWER'S USE

INTERVIEWER _____ Date _____

COMMENTS _____

REFERENCE CHECK

NAME _____ **COMMENTS** _____

FOR TOWN OF NEWTON USE ONLY

(To be completed by Department Head, if applicant is hired)

Department: _____

Title/position for this new employee: _____

Starting Date: _____ Full-Time: _____ Part-Time: _____

Hours of Work: _____ Rate of Pay: _____

Signature of Department Head: _____