



TOWNSHIP OF ABERDEEN

ONE ABERDEEN SQUARE, ABERDEEN, NEW JERSEY 07747

EMPLOYMENT APPLICATION

[Website: www.aberdeennj.org Phone: 732-583-4200 Fax: 732-290-3171]

APPLICANT INFORMATION

Name (Last, First, M.) _____ Social Security Number: _____
Street Address: _____
City/State: _____ Zip: _____
Phone Number: _____ Email: _____

POSITION INFORMATION

Position Applying for: _____
Salary Requirement: _____ Date available to start: _____ Hours available to work: _____
Are you available to work: Full time Part time Shift work Temporary

GENERAL INFORMATION

1. Are you legally eligible to work in the United States of America? Yes No
2. Are you currently employed? Yes No
3. May we contact you at work? Yes No
4. May we contact your current employer? Yes No
5. Are you currently on layoff status and subject to recall? Yes No
6. Have you ever applied for a position with Aberdeen Township? Yes No If yes, date: _____
7. Are you related to anyone that currently works for Aberdeen Township? Yes No If yes, please indicate
name and relationship: _____
8. If you are under 18 year of age, are you able to provide proof of eligibility to work? Yes No
9. Do you have a valid NJ Driver's License? Yes No If yes, provide license #: _____
10. Do you have a valid NJ Commercial Driver's License (CDL)? Yes No If yes, provide class: _____
11. Are you currently disqualified from public employment due to a criminal conviction for which
N.J.S.A. 2C:51-2.d applies? 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.

1. Employer: _____
Street Address: _____
City/State: _____ Zip: _____
Supervisor Name: _____ Phone Number: _____
Job Title: _____ Date started: _____ Date left: _____
Starting Salary: _____ Final Salary: _____ May we contact for reference? Yes No
Work Performed/Job Duties: _____

Reason for leaving: _____

2. Employer: _____
Street Address: _____
City/State: _____ Zip: _____
Supervisor Name: _____ Phone Number: _____
Job Title: _____ Date started: _____ Date left: _____
Starting Salary: _____ Final Salary: _____ May we contact for reference? Yes No
Work Performed/Job Duties: _____

Reason for leaving: _____

3. Employer: _____
Street Address: _____
City/State: _____ Zip: _____
Supervisor Name: _____ Phone Number: _____
Job Title: _____ Date started: _____ Date left: _____
Starting Salary: _____ Final Salary: _____ May we contact for reference? Yes No
Work Performed/Job Duties: _____

Reason for leaving: _____

EMPLOYMENT HISTORY CONT...

4. Employer: _____
Street Address: _____
City/State: _____ Zip: _____
Supervisor Name: _____ Phone Number: _____
Job Title: _____ Date started: _____ Date left: _____
Starting Salary: _____ Final Salary: _____ May we contact for reference? Yes No
Work Performed/Job Duties: _____

Reason for leaving: _____

MILITARY EXPERIENCE

Please list any military experience that may qualify you for Civil Service Veterans Preference.

Are you a veteran? Yes No If yes, Branch of Service: _____
Rank: _____ Specialty: _____
Duties: _____

EDUCATION

Provide information on your formal schooling and education. Include any formal vocational or professional education. For high school and post-secondary education please indicate any major or specialty, such as Academic, Business or Trade. Proof of specific education may be required.

Name of School/College:	Years Completed:	Graduate:	Major Field/Degree Type:
High School:	1 2 3 4	Yes No	
Undergraduate College:	1 2 3 4	Yes No	
Graduate College:	1 2 3 4	Yes No	
Post Graduate:	1 2 3 4	Yes No	
Vocational/Business:	1 2 3 4	Yes No	

CERTIFICATIONS/LICENSES

Please list any certification or licenses that are relevant to the position that you are applying for.

1. Name/Type of Certification/License: _____			
Issuing Authority: _____			
Cert/Licenses Number: _____	Date Issued: _____	Expiration Date: _____	
2. Name/Type of Certification/License: _____			
Issuing Authority: _____			
Cert/Licenses Number: _____	Date Issued: _____	Expiration Date: _____	
3. Name/Type of Certification/License: _____			
Issuing Authority: _____			
Cert/Licenses Number: _____	Date Issued: _____	Expiration Date: _____	
Comments: _____			

FOREIGN LANGUAGE

Please list any foreign language you know and indicate your level of proficiency. Please include sign language.

Language: _____	Speak Proficient: Yes	No	Read/Write: Yes	No
Language: _____	Speak Proficient: Yes	No	Read/Write: Yes	No
Additional Comments: _____				

SPECIAL SKILLS & EXPERIENCE

Please state any special skills, experiences, training, licenses, certification, or other factors that make you especially qualified for the position for which you are applying.

ADDITIONAL INFORMATION & COMMENTS

Is there any additional information about you we should consider?

REFERENCES

Please provide the names, addresses, and phone numbers of three people whom we may contact as a reference. Please note they should not be relatives.

1. Reference Name: _____
Address: _____ City/State: _____ Zip: _____
Phone Number: _____ Years Known: _____ Occupation: _____

2. Reference Name: _____
Address: _____ City/State: _____ Zip: _____
Phone Number: _____ Years Known: _____ Occupation: _____

3. Reference Name: _____
Address: _____ City/State: _____ Zip: _____
Phone Number: _____ Years Known: _____ Occupation: _____

UNDERSTANDINGS & AGREEMENTS

As an applicant for a position with Aberdeen 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 Aberdeen Township later discovers that information on this form was incomplete, untrue, or inaccurate. I give Aberdeen Township the right to investigate the information I have provided, talk to former employees (except where I have indicated that they may not be contacted). I give Aberdeen Township the right to secure additional job related information about me. I release Aberdeen Township and its representatives from all liability for seeking such information. I understand that Aberdeen Township is an equal opportunity employer and does not discriminate in its hiring practices. I understand that Aberdeen Township will make reasonable accommodations as required by the Americans with Disabilities Act and New Jersey Law Against Discrimination. I understand that, if employed, I may resign at any time and that Aberdeen Township may terminate me at any time in accordance with its established policies and procedures. No representatives of Aberdeen Township may make any assurance 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 Signature: _____ Date: _____