

# APPLICATION FOR EMPLOYMENT



TOWNSHIP OF BRANCHBURG  
1077 US HIGHWAY 202 NORTH  
BRANCHBURG NJ 08876

## PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE			

### DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY?		
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISING	<input type="checkbox"/> FRIEND
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALK IN
		<input type="checkbox"/> OTHER

### EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

### GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

LAST

FIRST

MIDDLE

## FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

## REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

## AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY 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, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE



# Township of Branchburg

1077 US HIGHWAY 202 NORTH, BRANCHBURG, NJ 08876-3936

TELEPHONE: (908) 526-1300 x113 FAX: (908) 526-2452

www.branchburg.nj.us

OFFICE OF THE TREASURER

## PRE-EMPLOYMENT RELEASE FORM

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

Full Name (print or type) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Other names in which my records may be held \_\_\_\_\_

Address \_\_\_\_\_

### AUTHORIZATION TO RELEASE DRIVING ABSTRACT

I hereby consent and request that the bearer be permitted to examine and obtain copies of my entire driving abstract maintained by the State of New Jersey. . The reasonable cost of obtaining such records shall be borne by the bearer.

I also consent to the periodic examination of my driving record as determined by the bearer as a condition of employment

I request that a photocopy of this authorization be accepted in the same manner and with the same authority as the original.

Full Name as printed on Driver's License (print or type) \_\_\_\_\_

Driver's License Number (including State) \_\_\_\_\_

Yes  No

Signature \_\_\_\_\_

### MANDATED DRUG/ALCOHOL TESTING CONSENT FOR APPLICANTS APPLYING FOR A

### POSITION REQUIRING A COMMERCIAL DRIVERS LICENSE (ALL PUBLIC WORKS POSITIONS REQUIRE A CDL-B)

I hereby consent and request that the bearer has my consent to perform the appropriate tests to identify the presence of drugs and alcohol.

These tests shall be performed by Ambassador Medical Services in accordance with the Department of Transportation 65 Federal Register 79492, Part 40 of the regulations mandated by the Federal Highway Administration and the US Department of Transportation. The reasonable cost of obtaining such tests shall be borne by the bearer.

I understand that if my test for drugs and alcohol is returned as positive, it will result in my not being considered for employment with the Township of Branchburg.

I also consent to periodic random testing to identify the presence of drugs and alcohol as a condition of my employment. I understand that if my test for drugs and alcohol is returned as positive, it could be cause for dismissal.

I request that a photocopy of this authorization be accepted in the same manner and with the same authority as the original.

Yes  No

Signature \_\_\_\_\_

Original: Employee File

Copy: Employee



**AUTHORIZATION TO RELEASE DRUG/ALCOHOL RECORDS**

I hereby consent and request that the bearer be permitted to examine and obtain copies of all my drug/alcohol records from previous employers. The reasonable cost of obtaining such records shall be borne by the bearer.

I request that a photocopy of this authorization be accepted in the same manner and with the same authority as the original.

Yes  No

Signature \_\_\_\_\_

**AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS**

I hereby consent and request that the bearer be permitted to examine and obtain copies of all my employment records (accepting only those which are exempt from disclosure by law) maintained by any present or former employer. The reasonable cost of obtaining such records shall be borne by the bearer.

I request that a photocopy of this authorization be accepted in the same manner and with the same authority as the original.

My current employer can be contacted Before employment with the Township  Yes  No  
After employment with the Township  Yes  No

My previous employer(s) can be contacted Before employment with the Township  Yes  No  
After employment with the Township  Yes  No

Signature \_\_\_\_\_

**AUTHORIZATION TO RELEASE CRIMINAL BACKGROUND RECORDS**

I hereby consent and request that the bearer be permitted to examine and obtain copies of my criminal background records maintained in any jurisdiction. The reasonable cost of obtaining such records shall be borne by the bearer.

I request that a photocopy of this authorization be accepted in the same manner and with the same authority as the original.

Yes  No

Signature \_\_\_\_\_

**AUTHORIZATION TO RELEASE EDUCATION INFORMATION**

I hereby consent and request that the bearer be permitted to examine and obtain copies of all records maintained by any educational institution which relate in any way to my education. The reasonable cost of obtaining such records shall be borne by the bearer.

I request that a photocopy of this authorization be accepted in the same manner and with the same authority as the original.

Yes  No

Signature \_\_\_\_\_