



Township of Galloway

300 E Jimmie Leeds Road
Galloway, NJ 08205

Date: _____

Employment Application

Applicant Information:

Name (Last, First Middle): _____

Address: _____

City/Town: _____

Phone: (Work) _____

(Cell): _____

(Home): _____

Social Security Number: _____

Position applied for: _____

Have you ever applied to the Township of Galloway 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.

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:	_____
Address:	_____	Date Left:	_____
Job Title:	_____	Starting Salary:	_____
Reason for Leaving:	_____	Final Salary:	_____
Supervisor's Name & Phone Number: _____			
May we contact for a reference: <input type="radio"/> Yes <input type="radio"/> No			
Work Performed / Responsibilities: _____			

Employer:	_____	Date Started:	_____
Address:	_____	Date Left:	_____
Job Title:	_____	Starting Salary:	_____
Reason for Leaving:	_____	Final Salary:	_____
Supervisor's Name & Phone Number: _____			
May we contact for a reference: <input type="radio"/> Yes <input type="radio"/> No			
Work Performed / Responsibilities: _____			

Employer:	_____	Date Started:	_____
Address:	_____	Date Left:	_____
Job Title:	_____	Starting Salary:	_____
Reason for Leaving:	_____	Final Salary:	_____
Supervisor's Name & Phone Number: _____			
May we contact for a reference: <input type="radio"/> Yes <input type="radio"/> No			
Work Performed / Responsibilities: _____			

Employer: _____	Date Started: _____
Address: _____	Date Left: _____
Job Title: _____	Starting Salary: _____
Reason for Leaving: _____	Final Salary: _____
Supervisor's Name & Phone Number: _____	
May we contact for a reference: <input type="radio"/> Yes <input type="radio"/> No	
Work Performed / Responsibilities: _____	

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	Graduated	Major Field
High: _____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> Yes <input type="radio"/> No	_____
College: _____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> Yes <input type="radio"/> No	_____
Other: _____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> Yes <input type="radio"/> No	_____

Languages: List any foreign languages you know and indicate your level of proficiency.

Language	Speak Some	Speak Fluently	Read	Write
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 & Agreements:

As an applicant for a position with the Township of Galloway, 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 Galloway later discovers that information on this form was incomplete, untrue or inaccurate. I give the Township of Galloway 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 Galloway the right to secure additional job related information about me. I release the Township of Galloway and its representatives from all liability for seeking such information. I understand that the Township of Galloway is an equal opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Galloway 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 Galloway may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Galloway may make any assurances to the contrary. I understand that any offer of employment may be subject to job related medical, physical, drug or psychologic 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 & 1975)
☐ Disabled veteran