

**WEST DEPTFORD TOWNSHIP**

Municipal Building  
400 Crown Point Road  
West Deptford, New Jersey 08086  
Phone (856) 845-4004

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

**Employment Application**

(West Deptford Township is an Equal Opportunity Employer)

**Applicant Information:**

Name (Last, First, Middle): \_\_\_\_\_

Street Address: \_\_\_\_\_

Town, Zip, State: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Have you ever applied for a position here before: \_\_\_ Yes \_\_\_ No If yes, give date \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Available to work: \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Shift work \_\_\_ Temporary \_\_\_ Seasonal

Currently employed: \_\_\_ Yes \_\_\_ No May we contact your current employer: \_\_\_ Yes \_\_\_ No

Are you currently on layoff status and subject to recall: \_\_\_ Yes \_\_\_ No

Do you have a valid driver's license: \_\_\_ Yes \_\_\_ No

Do you have a valid commercial driver's license: \_\_\_ Yes \_\_\_ No

Please list any endorsements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you are under 18 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.*

**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:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_  
**Supervisor's name and phone number:** \_\_\_\_\_  
\_\_\_\_\_  
**May we contact for a reference:** \_\_\_ Yes \_\_\_ No

**Date Started:** \_\_\_\_\_  
**Date Left:** \_\_\_\_\_  
**Work performed/responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_  
**Supervisor's name and phone number:** \_\_\_\_\_  
\_\_\_\_\_  
**May we contact for a reference:** \_\_\_ Yes \_\_\_ No

**Date Started:** \_\_\_\_\_  
**Date Left:** \_\_\_\_\_  
**Work performed/responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_  
**Supervisor's name and phone number:** \_\_\_\_\_  
\_\_\_\_\_  
**May we contact for a reference:** \_\_\_ Yes \_\_\_ No

**Date Started:** \_\_\_\_\_  
**Date Left:** \_\_\_\_\_  
**Work performed/responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_  
**Supervisor's name and phone number:** \_\_\_\_\_  
\_\_\_\_\_  
**May we contact for a reference:** \_\_\_ Yes \_\_\_ No

**Date Started:** \_\_\_\_\_  
**Date Left:** \_\_\_\_\_  
**Work performed/responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education:** Provide information on your formal schooling and education. Include 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:			
College:			
Other:			

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

Language	Speak Some	Speak Fluently	Read	Write

**Special skills and 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.

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**Comments and additional information:** Is there any additional information about you that we should consider?

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**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 and Address	Phone Number	Years known

**Understandings and Agreements:**

As an applicant for a position with the 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 the Township later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township 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 the right to secure additional job-related information about me. I release the Township and its representatives from all liability for seeking such information. I understand that the Township is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the 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 the Township may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township may make any assurances 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'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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

How did you learn about this position?  Advertisement  Employment Agency  Friend  
 Relative  Walk-In  Other (Explain) \_\_\_\_\_

### Information Regarding Status:

Gender:  Male  Female  Undesignated/Non-Binary

### Equal Employment Opportunity Identification Groups:

White  African-American (non-Hispanic)  American Indian/Alaskan native  
 Hispanic  Asian/Pacific Islander  Other \_\_\_\_\_

### Other protected groups:

Individual with a disability  Disabled veteran  
 Vietnam-era veteran (served between 1964 and 1975)

### For West Deptford Township Use Only

Hired:  Yes  No Position \_\_\_\_\_ Date \_\_\_\_\_

Which EEO job classification best describes the position for which the applicant applied?

Officials and Managers  Sales Workers  Operators (semi-skilled)  
 Professionals  Office and Clerical workers  Laborers (unskilled)  
 Technicians  Craft workers (skilled)  Service workers

West Deptford Township Official \_\_\_\_\_

Date \_\_\_\_\_

**This page for West Deptford Township Use Only!**  
**Results of Interview**

**Interviewer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_