



APPLICATION FOR EMPLOYMENT

111 West Second Street
 Moorestown, New Jersey 08057-1142
 (856) 235-0912

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status.

(PLEASE PRINT)

Position Applying For:	Date of Application:
How did you learn about us?	

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number	E-Mail Address		
Best time to contact you:			

If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes	
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give date:	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawful employment in this country due to Visa or Immigration Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a Valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work:	
Desired salary range: \$	

EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS ATTENDED	DEGREE
High School				
College				
Other				

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WORK EXPERIENCE (Begin with present/most recent position, include job-related military service & volunteer activities.)

DATE	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				

Describe any skills, apprenticeships, specialized training.

Describe any job-related training received in the United States military.

PERSONAL / PROFESSIONAL REFERENCES (Please do not include family members or past supervisors).

NAME	PERSONAL/PROFESSIONAL	PHONE NUMBER	YEARS ACQUAINTED

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 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 all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is subject to the rules and regulations of the Township of Moorestown and NJ Department of Personnel.

Signature

Date



INTERVIEWED BY:	DATE:
HIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No POSITION:	DEPT:
SALARY/WAGE:	DATE REPORTING TO WORK: