

TOWNSHIP OF LAWRENCE APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE & RETURN TO

Township of Lawrence
2207 Lawrence Rd.
Lawrence Township, NJ 08648

An Equal Opportunity Employer

This Form has been designed to comply with State & Federal fair employment practice laws prohibiting employment discrimination.

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		
Position Applied for			
Are you a citizen of the United States?	YES <input type="radio"/>	NO <input type="radio"/>	If no, are you authorized to work in the U.S.?
			YES <input type="radio"/>
			NO <input type="radio"/>
Have you ever worked for Lawrence Township?	YES <input type="radio"/>	NO <input type="radio"/>	If so, when?
Do you possess a valid NJ Driver's License?	YES <input type="radio"/>	NO <input type="radio"/>	

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="radio"/>	NO <input type="radio"/>
				Subjects Studied
				Degree? YES <input type="radio"/>
College		Address		
From	To	Did you graduate?	YES <input type="radio"/>	NO <input type="radio"/>
				Subjects Studied
				Degree? YES <input type="radio"/>
Other		Address		
From	To	Did you graduate?	YES <input type="radio"/>	NO <input type="radio"/>
				Subjects Studied
				Degree? YES <input type="radio"/>

REFERENCES

Please give the names of three (3) persons not related to you, whom you have known at least one (1) year

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

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PREVIOUS EMPLOYMENT: LIST BELOW CURRENT AND FORMER EMPLOYERS. STARTING WITH LAST EMPLOYER FIRST

Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="radio"/> NO <input type="radio"/>		
Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="radio"/> NO <input type="radio"/>		
Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="radio"/> NO <input type="radio"/>		

MILITARY SERVICE

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable explain:		

GENERAL

Subjects of special study or research work:

DISCLAIMER AND SIGNATURE

I CERTIFY 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 AM ALSO AWARE THAT EMPLOYMENT IS SUBJECT TO A PREEMPLOYMENT PHYSICAL EXAMINATION, DRUG AND ALCOHOL TESTING. PLEASE DO NOT PROVIDE SALARY INFORMATION. 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 LAWRENCE AND NJ CIVIL SERVICE COMMISSION.

Signature _____ Date _____