

# STANDARD EMPLOYMENT APPLICATION FORM

## Borough of Little Ferry

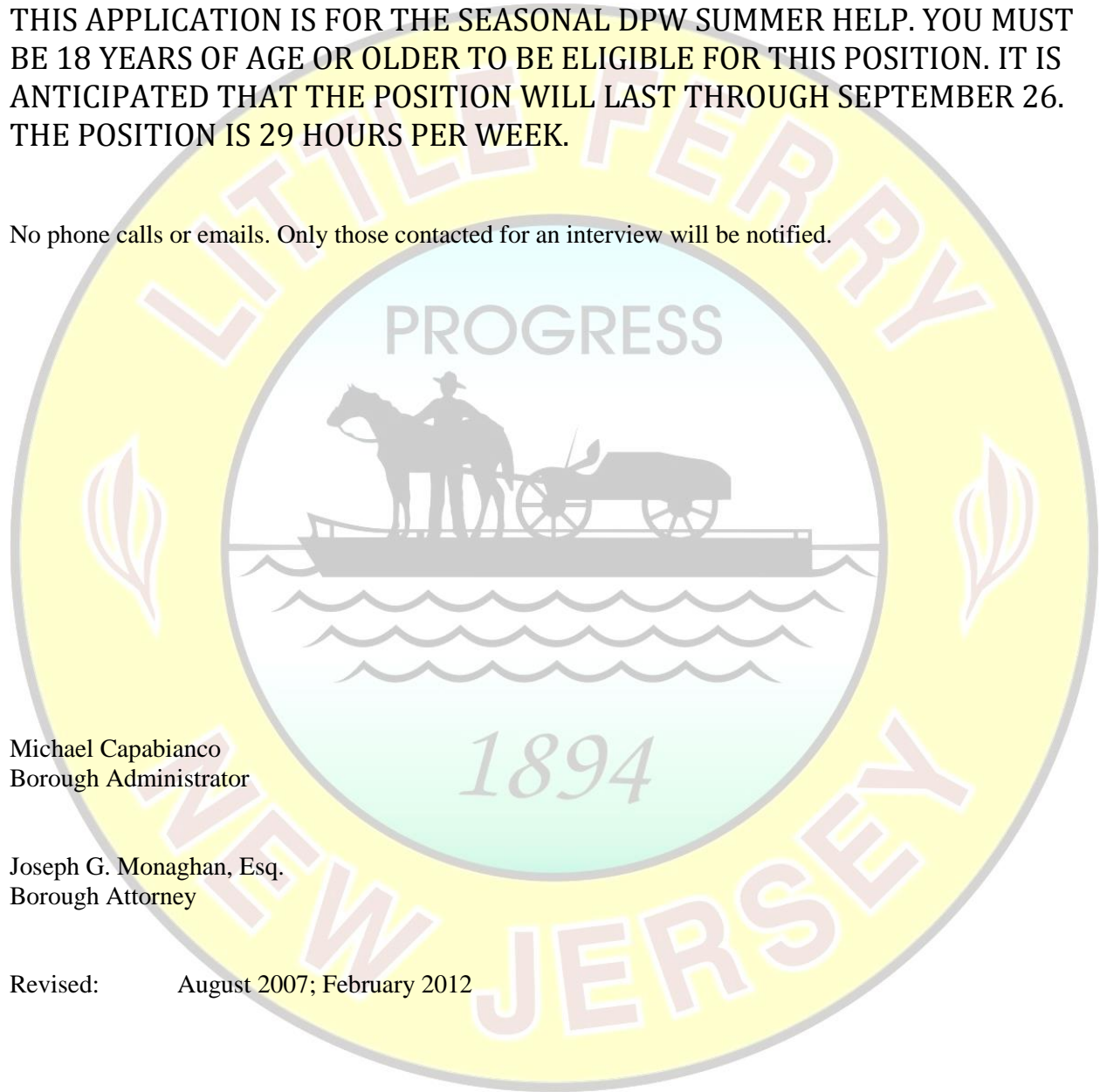
THIS APPLICATION IS FOR THE SEASONAL DPW SUMMER HELP. YOU MUST BE 18 YEARS OF AGE OR OLDER TO BE ELIGIBLE FOR THIS POSITION. IT IS ANTICIPATED THAT THE POSITION WILL LAST THROUGH SEPTEMBER 26. THE POSITION IS 29 HOURS PER WEEK.

No phone calls or emails. Only those contacted for an interview will be notified.

Michael Capabianco  
Borough Administrator

Joseph G. Monaghan, Esq.  
Borough Attorney

Revised: August 2007; February 2012



# Borough of Little Ferry

## Application for Employment

PLEASE PRINT OR TYPE

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you are under 18, can you furnish a work permit?  YES  NO  
(Must be on file prior to first day of work)

Have you ever been employed in the Borough before?  YES  NO

Are you legally eligible for employment in this country?  YES  NO  
(Proof of U.S. citizenship or immigration status will be required upon employment)

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired  Full Time  Part-Time  Temporary  Seasonal  Educational Co-op

Are you able to meet the attendance requirements of the position? YES  NO

Have you been convicted of a felony in the last seven (7) years?  YES  NO  
(Such conviction may be relevant if job related, but does not bar you from employment)

If yes, please explain:

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Driver's license number (if required by job) \_\_\_\_\_  
State \_\_\_\_\_

## Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Hourly Rate/Salary  
Start \$ \_\_\_\_\_ per \_\_\_\_\_ Final \$ \_\_\_\_\_ per \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Hourly Rate/Salary  
Start \$ \_\_\_\_\_ per \_\_\_\_\_ Final \$ \_\_\_\_\_ per \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Hourly Rate/Salary  
Start \$ \_\_\_\_\_ per \_\_\_\_\_ Final \$ \_\_\_\_\_ per \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Hourly Rate/Salary  
Start \$ \_\_\_\_\_ per \_\_\_\_\_ Final \$ \_\_\_\_\_ per \_\_\_\_\_

## Skills and Qualifications

Summarize special skills and qualifications acquired from prior employment or other experiences that may qualify you for work with the Borough:

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## Educational Background

Name and Location			Years Attended	Graduated Yes/No	Course of Study
High School					
College	Major	Degree			
Other					

## References

Name/Address	Telephone	Years Known
	Area Code (____) -	
	Area Code (____) -	
	Area Code (____) -	

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

