

CLINTON TOWNSHIP

Employment Application



APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.			Desired Salary			
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for municipal government?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							

EDUCATION

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

PROFESSIONAL LICENSES AND CERTIFICATIONS

PREVIOUS EMPLOYMENT

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

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
MILITARY SERVICE			
Branch	From	To	
Rank at Discharge	Type of Discharge		
If other than honorable, explain			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
I give Clinton Township the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Clinton Township and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If an offer of employment is extended, I will be required to successfully pass a criminal background check.			
Signature			Date

TOWNSHIP OF CLINTON
HUNTERDON COUNTY



Brian Mullay
Mayor

William Close
Township Administrator

Pre-Employment
Release Authorization

I, _____, am applying for employment with the Township of Clinton. As a result, an investigation is being conducted to determine my eligibility. I do hereby authorize a review and full disclosure of all records and information concerning myself, whether the said records or information is of a public, private, or confidential nature.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association, or institution having control of any documents, records, and/or other information pertaining to me, to furnish to the said Municipality and such information, formal or informal, pending or closed, or any other pertinent data, and to permit the said Municipality to inspect and make copies of such documents, records, and other information.

I hereby release, discharge, and exonerate the said Municipality, their representatives, and any other person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection, or collecting of such documents, records, and any other information or the investigation made by the said Municipality.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this authorization and release will be considered in determining my suitability for employment by the Township of Clinton.

I have read and fully understand the contents of this “**Authorization & Release**”.

Signature (include maiden name if applicable)
Address: _____
Phone #: _____
Date of Birth: _____
Social Security: _____
Drivers License #: _____

Subscribed and sworn before me on this ____ day of _____, _____.

Notary Public of New Jersey Signature

My commission expires: _____

Affix Notarial Seal: