

# Borough of Wallington



## Application for Employment

*The Borough of Wallington is an Equal Opportunity Employer*

Name: st, First, M

Position

Department:

Division:

**APPLICANT -- DO NOT COMPLETE THIS SECTION**

**Please PRINT or TYPE answers. Feel free to add any information which will help to place you.  
Please be aware that misrepresentation may be cause for removal.**

**1. Name (Last, First, MI)**

**2. Home Phone Number (Area Code)**

**3. Cell Phone Number (Area Code)**

**4. Work Phone Number (Area Code)**

**5a. Address:** Number, Street, Apartment Number, etc.

City: County:  
State: Zip Code:

**5b. If entry in 5a is your mailing address only, enter name of street, township, city or borough in which you live.**

**6. Email:**

**7. Position applying for (or type of work you are interested in)**

**Proof of Age, Education, Military Status, and Citizenship may be required upon employment offer**

**8. - N / A -**

**9. Indicate preferred work schedule:**

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Days ☐ Evenings ☐ Late Nights ☐ Any Shift ☐ Rotating Shift

**10. Are you 18 years old or older? (if under 18, you will be required to submit working papers if offered employment.)** ☐ Yes ☐ No

**11a. Do you possess a driver's license that is valid in New Jersey?** ☐ Yes ☐ No

**11b. Do you possess a Commercial Driver License?** ☐ Yes ☐ No

*(Answer these questions only if it is a requirement as indicated on the job announcement or job specification)*

**12. Are you either a U.S. citizen or an alien authorized to work in the U.S.?** ☐ Yes ☐ No

**13. Have you ever been convicted of a crime or other offense which has not been expunged by the Court, either in New Jersey or in any other jurisdiction? (A conviction will not necessarily preclude you from employment.)**

☐ Yes (if yes, give details in Block Number 16) ☐ No

**14. Are you a Veteran?** ☐ Yes ☐ No

If yes, have you established Civil Service Veteran's Preference with the NJ Civil Service Commission between April 1, 1980 and March 1, 2001 or with the NJ Department of Military and Veteran after March 1, 2001? ☐ Yes ☐ No

**15. Are you now or have you ever been a member of any Public Employee's Retirement System?** ☐ Yes ☐ No  
*(If yes, indicate system name and membership number in Block Number 18)*

**16. Have you ever worked or been educated under a different name?** ☐ Yes (if yes, specify here: \_\_\_\_\_) ☐ No

**17. Are you currently on a special or regular reemployment list, or any list resulting from an examination administered by the New Jersey Civil Service Commission?** ☐ Yes ☐ No \*If yes, indicate Titles and Symbols here: \_\_\_\_\_

**18. Explanations (Use this block for explanations to questions. Attach additional sheets if necessary.)**

**19. EDUCATION/SKILL HISTORY:** Please list all vocational, technical, correspondence schools, colleges and universities you have attended. Upon employment be prepared to provide supporting documentation of schools attended. **Attach additional sheets** if necessary.

● Check the number indicating the highest grade of school you have completed:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 HIGH SCHOOL ► ☐ 9 ☐ 10 ☐ 11 ☐ 12 GED ► ☐ COLLEGE ► ☐ 1 ☐ 2 ☐ 3 ☐ 4 Graduate ► ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

| Name and Address of School                | Did you Graduate?   | Credit Hours Earned | Major Subject | Number of Credits in Major | Degree Received |
|---|---|---------------------|---------------|----------------------------|-----------------|
| High School last attended:                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                     |               |                            |                 |
| College or University:                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                     |               |                            |                 |
| Graduate School:                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                     |               |                            |                 |
| Other Formal Training (include Military): | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                     |               |                            |                 |

**20. FOREIGN LANGUAGE ABILITIES:** (Answer is Optional) If there are any foreign languages, including sign languages, in which you are proficient enough to communicate on a job, and are willing to use on the job (now and in the future), please list them here.



**21. CLERICAL SKILLS:**

(a) Typing? ☐ Yes ☐ No WPM: \_\_\_\_\_

(b) Stenography? ☐ Yes ☐ No WPM: \_\_\_\_\_

Office machines operated, computer systems/software used, and/or special skills

**22. List all employment starting with present or last position and work back, including military experience.**

▶ **PLEASE PRINT OR TYPE, USE ADDITIONAL SHEETS IF NECESSARY.**

|                                       |                            |  |  |
|---------------------------------------|----------------------------|--|--|
| From:<br><br>Month:<br>Year:          | To:<br><br>Month:<br>Year: | Position Title:<br><br>Give number of staff supervised if any: | Supervisor's Name:<br><br>Telephone Number:  |
| Employer's Name and Complete Address: |                            |  | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time List number of hours per week: _____<br>Reason for Leaving: |

|                        |
|------------------------|
| Description of Duties: |
|------------------------|

|                                       |                            |  |  |
|---------------------------------------|----------------------------|--|--|
| From:<br><br>Month:<br>Year:          | To:<br><br>Month:<br>Year: | Position Title:<br><br>Give number of staff supervised if any: | Supervisor's Name:<br><br>Telephone Number:  |
| Employer's Name and Complete Address: |                            |  | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time List number of hours per week: _____<br>Reason for Leaving: |

|                        |
|------------------------|
| Description of Duties: |
|------------------------|

|                                       |                            |  |  |
|---------------------------------------|----------------------------|--|--|
| From:<br><br>Month:<br>Year:          | To:<br><br>Month:<br>Year: | Position Title:<br><br>Give number of staff supervised if any: | Supervisor's Name:<br><br>Telephone Number:  |
| Employer's Name and Complete Address: |                            |  | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time List number of hours per week: _____<br>Reason for Leaving: |

|                        |
|------------------------|
| Description of Duties: |
|------------------------|

|   |   |
|---|---|
| <p>● May we contact all employer/supervisors listed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Indicate exceptions):</p> | <p><b>21. Attach additional sheets to describe any internships, licenses, certifications or registrations related to the position for which you are applying. Give name of the State in which license, certification or registration is held or dates and location of internship. If specific license or certification is required for your position, you will be required to present the appropriate credential(s) prior to employment, and you will be responsible to renew the credential(s) and advise the personnel office if the credential(s) expires or is revoked.</b></p> |
|---|---|

**GENERAL INFORMATION** (Please print or type. Use additional sheets if necessary.)

**23.** Are you engaged in any business activity or employment which you plan to continue if employed by the Borough of Wallington ?

☐ No ☐ Yes

If yes, explain:

**24.** Please add any additional information which will help in placing you where you are best qualified. Include such items as: honors, hobbies, publications, volunteer work, public speaking and writing experience, membership in professional or scientific societies.

**25.** List three people unrelated to you whom we may contact for information concerning your qualifications.

|               |               |               |
|---------------|---------------|---------------|
| Name:         | Name:         | Name:         |
| Address:      | Address:      | Address:      |
| Phone Number: | Phone Number: | Phone Number: |
| Occupation:   | Occupation:   | Occupation:   |

I **CERTIFY** that the information on this application is complete and accurate, to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if employed.

**STOP:** Please Return Completed Application to the Personnel Office

**THIS SECTION FOR PERSONNEL OFFICE USE ONLY**