



Application for Employment

City of Plainfield
Personnel Division

515 Watchung Avenue – 3rd Floor – Plainfield, NJ 07060

Phone: 908-753-3401 / www.plainfieldnj.gov

Please complete this application **in ink**. Read carefully before you sign this application. Application must be completed in full even if attaching a resume. Applications will be kept in active status for 60 days.

ALL APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, VETERAN STATUS, PHYSICAL OR MENTAL DISABILITY, CIVIL UNION STATUS, GENDER IDENTITY OR EXPRESSION OR ANY OTHER PROTECTED CLASS UNDER STATE OR FEDERAL LAW.

DATE:		DATE AVAILABLE FOR WORK?	
TYPE OF WORK / POSITION DESIRED?		WAGE/SALARY DESIRED?	

PERSONAL INFORMATION

FULL LEGAL NAME	LAST NAME , FIRST NAME, MIDDLE INITIAL		
PRESENT ADDRESS	STREET, CITY, STATE, ZIP CODE		
TELEPHONE #	EMAIL ADDRESS	WHAT IS THE BEST WAY TO CONTACT YOU?	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL
IS THERE ANY INFORMATION WE WOULD NEED ABOUT YOUR NAME, OR USE OF ANOTHER NAME, FOR US TO BE ABLE TO CHECK YOUR WORK RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" PLEASE SPECIFY:			
HOW WERE YOU REFERRED TO THE CITY OF PLAINFIELD? <input type="checkbox"/> CITY EMPLOYEE <input type="checkbox"/> JOB POSTING <input type="checkbox"/> CITY OF PLAINFIELD'S WEBSITE <input type="checkbox"/> STATE UNEMPLOYMENT OFFICE <input type="checkbox"/> OTHER WEBSITE (LIST): _____ <input type="checkbox"/> SCHOOL (LIST) _____ <input type="checkbox"/> OTHER (LIST) _____			
HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF PLAINFIELD BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" LIST DATE(S), JOB TITLE AND SUPERVISOR:			
LIST ANY RELATIVES EMPLOYED BY THE CITY OF PLAINFIELD:			
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOU ARE UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, UPON EMPLOYMENT YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES.			
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN:			

FILL OUT THE INFORMATION BELOW ONLY IF APPLYING FOR A POSITION WHICH REQUIRES A DRIVER'S LICENSE:

Driver's License Number:	State:	Expiration Date:
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SCHEDULE AVAILABILITY

I AM AVAILABLE AND DESIRE TO WORK **FULL-TIME** (35 HOURS) AND DO NOT HAVE RESTRICTIONS ON MY HOURS AND DAYS - COMPLETE SECTION B

- I AM AVAILABLE AND DESIRE TO WORK **SEASONALLY** (6 MONTHS OR LESS)
 I AM AVAILABLE AND DESIRE TO WORK **PART-TIME** (LESS THAN 35 HOURS) – COMPLETE SECTION B
 I AM AVAILABLE AND DESIRE TO WORK ON A **SEASONAL BASIS** – COMPLETE SECTIONS A & B

A. DATES AVAILABLE FOR EMPLOYMENT: FROM _____ TO _____

B. HOURS AVAILABLE	MON	TUE	WED	THU	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.						
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.						

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

EDUCATION & TRAINING

TYPE	NAME/ADDRESS	COURSE OF STUDY	GRADUATED?	DEGREE/DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TECHNICAL OR OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO	

MILITARY HISTORY (OPTIONAL)

HAVE YOU SERVED IN THE ARMED FORCES? YES NO

EMPLOYMENT HISTORY

BEGIN WITH MOST RECENT EMPLOYER [1] AND CONTINUE WITH ALL PAST EMPLOYERS (ATTACH ADDITIONAL SHEETS IF NECESSARY)

1	EMPLOYER	FROM		JOB TITLE:	REASON FOR LEAVING:
		MO.	YR.		
	NAME OF COMPANY:			DUTIES:	
	ADDRESS:	TO			
	MO.	YR.			
	CITY, STATE, ZIP:				NAME & TITLE OF IMMEDIATE SUPERVISOR:

TELEPHONE #:		TYPE OF BUSINESS:				
EXPLAIN ANY PERIOD BETWEEN JOBS:				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2	EMPLOYER	FROM		JOB TITLE:		
		MO.	YR.			
	NAME OF COMPANY:				REASON FOR LEAVING:	
	ADDRESS:		TO			
		MO.	YR.			
CITY, STATE, ZIP:				NAME & TITLE OF IMMEDIATE SUPERVISOR:		
TELEPHONE #:		TYPE OF BUSINESS:				
EXPLAIN ANY PERIOD BETWEEN JOBS:				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3	EMPLOYER	FROM		JOB TITLE:		
		MO.	YR.			
	NAME OF COMPANY:				REASON FOR LEAVING:	
	ADDRESS:		TO			
		MO.	YR.			
CITY, STATE, ZIP:				NAME & TITLE OF IMMEDIATE SUPERVISOR:		
TELEPHONE #:		TYPE OF BUSINESS:				
EXPLAIN ANY PERIOD BETWEEN JOBS:				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4	EMPLOYER	FROM		JOB TITLE:		
		MO.	YR.			
	NAME OF COMPANY:				REASON FOR LEAVING:	
	ADDRESS:		TO			
		MO.	YR.			
CITY, STATE, ZIP:				NAME & TITLE OF IMMEDIATE SUPERVISOR:		
TELEPHONE #:		TYPE OF BUSINESS:				
EXPLAIN ANY PERIOD BETWEEN JOBS:				MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

PLEASE EXCLUDE ANY ORGANIZATION WHICH INDICATES RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, DISABILITY OR OTHER PROTECTED STATUS.

PLEASE LIST ANY OTHER EXPERIENCE, SKILLS, OR OTHER QUALIFICATIONS, WHICH ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.

PERSONAL OR BUSINESS REFERENCES

DO NOT INCLUDE RELATIVES

1	NAME	PHONE NUMBER
	ADDRESS	CITY AND STATE, ZIP CODE
	HOW LONG KNOWN?	RELATIONSHIP
2	NAME	PHONE NUMBER
	ADDRESS	CITY AND STATE, ZIP CODE
	HOW LONG KNOWN?	RELATIONSHIP
3	NAME	PHONE NUMBER
	ADDRESS	CITY AND STATE, ZIP CODE
	HOW LONG KNOWN?	RELATIONSHIP

NOTIFICATION & AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

THE APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION INCLUDING BUT NOT LIMITED TO INQUIRIES RELATED TO MY EDUCATION, RELEVANT LICENSES, PRIOR EMPLOYMENT, CREDIT AND OTHER INFORMATION REQUIRED UNDER THE LAW OR BY THE CITY OF PLAINFIELD. I RELEASE FROM ALL LIABILITY ANYONE SUPPLYING SUCH INFORMATION AND I ALSO RELEASE THE EMPLOYER FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING AN INVESTIGATION.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE CITY OF PLAINFIELD'S RULES AND REGULATIONS, AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE CITY OF PLAINFIELD OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN BY ANY REPRESENTATIVE OR AGENT OF THE CITY OF PLAINFIELD, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION BY ME.

APPLICANT'S SIGNATURE:

DATE: