

Return Completed Applications to:

Township of Hamilton Rescue Squad



Township of Hamilton Rescue
1400 Cape May Ave
Mays Landing, NJ 08330

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Humane Resources Department.

Name: _____
Last First Middle

Address: _____

Telephone # _____ Mobile # _____ Email: _____

Position applied for _____ Date of application: _____

Referral Source (Please select the appropriate category and name the source)

Walk-in _____

Township Website _____

Employee _____

School _____

Advertisement _____

Other _____

The best time to contact you is _____ AM/PM

Will you travel if job requires it? ___Yes ___No

May we contact you at work? ___Yes ___No

If explained to you, are you able to meet the attendance requirements of this position? ___Yes ___No ___N/A

If yes, work number and best time to call?
Number: _____

Will you work overtime if required? ___Yes ___No

If you are under 18 and it is required, can you furnish a work permit? ___Yes ___No

If no please explain _____

If no, please explain _____

Drivers License # _____ State _____

Have you submitted an application here before? ___Yes ___No
If yes, give date: _____

Have you ever been bonded? ___Yes ___No

Are you legally eligible for employment in this country?
___Yes ___No

Date available for work _____

What is your desired salary range or hourly rate of pay?
\$ _____ per _____

Type of employment desired: ___Full Time ___Part-time

___Seasonal ___Temporary

The Township of Hamilton is an Equal Opportunity Employer

Employment History Starting with your most recent employer, provide the following information.

From:	To:	Name:	Telephone:
Job Title:	Address:		
Supervisor:	Nature of Work:		
What did you like the most?			
What did you like the least?			
Reason for leaving?	May we contact this employer? Yes No		Hourly Rate/ Salary:

From:	To:	Name:	Telephone:
Job Title:	Address:		
Supervisor:	Nature of Work:		
What did you like the most?			
What did you like the least?			
Reason for leaving?	May we contact this employer? Yes No		Hourly Rate/ Salary:

From:	To:	Name:	Telephone:
Job Title:	Address:		
Supervisor:	Nature of Work:		
What did you like the most?			
What did you like the least?			
Reason for leaving?	May we contact this employer? Yes No		Hourly Rate/ Salary:

From:	To:	Name:	Telephone:
Job Title:	Address:		
Supervisor:	Nature of Work:		
What did you like the most?			
What did you like the least?			
Reason for leaving?	May we contact this employer? Yes No		Hourly Rate/ Salary:

EMPLOYMENT HISTORY

Explain any gaps in your employment, EXCEPT those due to personal illness, injury or disability:

SKILLS and QUALIFICATIONS

Summarize any special training skills, licenses and/or certificates that may assist you in performing the duties of the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Microsoft Word / Years _____

Outlook / Years _____

Excel / Years _____

Edmunds / Years _____

PowerPoint / Years _____

Other / Years _____

EDUCATION BACKGROUND

EDUCATION	Name and location of school	# of years attended	Degree Received	Major
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HIGHSCHOOL: _____

COLLEGE/UNIVERSITY: _____

TRADE/

BUSINESS: _____

REFERENCES

List the name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are NOT related to you.

NAME	TITLE	CONTACT NUMBER.	YEARS KNOWN
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RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong? Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similar protected status.

ORGANIZATION

OFFICES HELD

List special accomplishments, publications, awards etc. Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similar protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or

customers? _____Yes _____No _____Not Applicable

If yes please explain: _____

Is there any other job-related information you want us to know about you? _____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the Township of Hamilton is true, complete and correct.

I expressly authorize, without reservation, the Township, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Township, its agents, employees or representatives, for seeking , gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Township of Hamilton does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only one (1) year. At the conclusion of that time, if I have not heard from the Township and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the authorized Township of Hamilton representative.

I also understand that if I am hired, I will be required to provided proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an 1-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the Township's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____