

*Town of Kearny*  
402 Kearny Avenue, Kearny, NJ 07032

[www.kearnynj.org](http://www.kearnynj.org)

**Application for Employment**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application's used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

**\*To be eligible for employment with the Town of Kearny, you must reside in Hudson or Essex County**

Position applied for \* : \_\_\_\_\_

\*We only accept applications for positions that are being advertised

Last name: \_\_\_\_\_ First name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Type of employment desired: full-time \_\_\_\_\_ part-time \_\_\_\_\_ temporary/seasonal \_\_\_\_\_

Date you will be available to start work: \_\_\_\_\_

Do you have any objection to working overtime if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if required by this position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been previously employed by our organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you submit proof of legal employment authorization and identity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are under 18, can you furnish a work permit if it is required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

Drivers license number : \_\_\_\_\_ CDL endorsement: yes \_\_\_ no \_\_\_ Class \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

**Employment History**

Please provide all employment information for your past three employers starting with the most recent.

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Computer skills: List software/programs and level of proficiency**

Typing – words per minute: \_\_\_\_\_

**Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Language(s): Other than English

Reading & Writing (Circle One)

Verbal (Circle One)

\_\_\_\_\_

Basic Proficient Fluent

Basic Proficient Fluent

\_\_\_\_\_

Basic Proficient Fluent

Basic Proficient Fluent

**Educational History**

List school name and location, years completed, course of study, and any degrees earned:

High school: \_\_\_\_\_

College: \_\_\_\_\_

Technical Training: \_\_\_\_\_

Other: \_\_\_\_\_

**References (must be supplied)**

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

***In order for this application to be considered, it must be completely filled out. An incomplete application will not be considered for the position applied for.***

**Please note that if the position has an application closing date, applications submitted after the designated closing date will not be considered.**

Please note that our application files are purged on December 31<sup>st</sup> of each year.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Town of Kearny  
Applicant Background and Referral Information Form

**Note:** This information on this form is used solely for aggregate statistical purposes. No information on this form is used in any decision regarding hiring, promotion, or terms and conditions of employment. **DO NOT** write your name or any other personal identification on this form.

The Town of Kearny is an Equal Employment Opportunity Employer

1. Position for which applied:

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2. Please identify your ethnic/racial background:

- Black
- White
- Hispanic
- Asian-American
- American Indian
- Other

3. How did you learn of the job opening for which you applied.  
(Check all that apply and provide specifics to the extent you recall)

- Newspaper advertisement. Newspapers: \_\_\_\_\_
- Radio Advertisement. Station: \_\_\_\_\_
- Recruiting Agency. Which \_\_\_\_\_
- Poster Where seen: \_\_\_\_\_
- School, Church or other source. Specify: \_\_\_\_\_
- Friend or Relative \_\_\_\_\_