



Town of Kearny

402 Kearny Avenue, Kearny, NJ 07032

www.kearnynj.org

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is 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 accommodations to the application and/or interview process should notify a representative of the organization.

***To be eligible for employment with the Town of Kearny, the following residential preference will apply:**
Residents of: 1) Town of Kearny & City of Newark 2) Hudson & Essex Counties 3) State of NJ 4) Outside the State

Position applied for: * Lifeguard Date: _____

* Applications are only accepted for positions that are being advertised

Last name: _____ First name: _____

Address: _____ City: _____ State, Zip _____

Telephone #: Home _____ Telephone #: Cell _____

Social security # - last 4 digits: _____ email address: _____

Drivers license #: _____

Employment type: Seasonal Date available: _____

Are you available to work from mid June to approx August 28? Yes No

Do you have any school obligations or vacations planned during these dates? Yes No

If yes, what dates: _____

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

How were you referred to us? _____

Employment History

Please provide all employment information for your past three (3) employers starting with the most recent.

INCLUDE employment with the Town of Kearny

Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____

Immediate supervisor and title: _____

Dates employed: From: _____ to From: _____ **Salary:** _____

Reason for leaving: _____

Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____

Immediate supervisor and title: _____

Dates employed: From: _____ to From: _____ **Salary:** _____

Reason for leaving: _____

Applicant's signature _____

Employment History Continued

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: From: _____ to From: _____ Salary: _____
Reason for leaving: _____

Skills

Computer: List all software/programs and level of proficiency:

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

Language (s): Other than English _____ Reading & writing (check one) Verbal (check one)
Basic Proficient Fluent Basic Proficient Fluent
_____ Basic Proficient Fluent Basic Proficient Fluent
_____ Basic Proficient Fluent Basic Proficient Fluent

Education

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

High school: _____
College: _____
Technical training: _____
Other: _____

References (must be supplied)

List three (3) references: name, telephone number 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 misrepresentations or material omissions made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, or 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 in the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because 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 with three (3) 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.

Applicant's signature _____ Date _____