Town of Kearny

402 Kearny Avenue, Kearny, NJ 07032
www.kearnynj.org

For Town use only
NJCSC postcard attached _____
Yes No N/A
Received by: _____

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
*Applications are only accepted for positions that are advertised and received prior to the application deadline date

Position applied for: Assistant Public Works Superintendent Employment type: Full Time

Name: _____ Date: _____

Address: _____

Phone #: Home _____ Cell _____ Email: _____
Note: you may be contacted by email

Drivers license #: _____ Date available: _____

* Do you have any objection to working nights or weekends? Yes ☐ No ☐
* Are you available to work mornings, afternoons and Saturday? Yes ☐ No ☐
* Have you ever been previously employed by our organization? Yes ☐ No ☐
* If you are under 18, can you furnish a work permit if required? Yes ☐ No ☐

Pursuant to the NJ Civil Service Commission's Rules and Regulations, veterans who have obtained the proper designation will receive preferential consideration in the hiring process.

* Have you obtained Veteran's preference with the NJ Civil Service Commission? Yes ☐ No ☐
If yes, please attach a copy of the postcard confirming your Veteran's status.
* If you have not yet applied for Veteran's preference with the NJ Department of Military and Veterans Affairs, do you plan on doing so? Yes ☐ No ☐
If yes, please provide to the Town a copy of the postcard from the NJ Civil Service Commission within 14 days
* For information, go to http://www.state.nj.us/military/veterans/preference.html

How were you referred to us? _____

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

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

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

Applicant's signature _____

Employment History Continued

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: From:_____to From:_____ _____

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 ☐

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_____

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

The Town of Kearny is an Equal Employment Opportunity Employer.

Position applied for: Assistant Public Works Superintendent

Please identify your ethnic/racial background:

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

How did you learn of the job opening? Check all that apply and provide specific to the extend you recall

- ☐ Newspaper ad. Which newspaper: _____
- ☐ Unemployment Office. Which location: _____
- ☐ Community College. Which college: _____
- ☐ One Stop career center. Which location: _____
- ☐ Urban League. Which location. _____
- ☐ County Work Force office. Which location: _
- ☐ Goodwill Industries. Which location. _____
- ☐ Web site. Which web site: _____
- ☐ NJ League of Municipalities _____
- ☐ Friend / Other. Please specify: _____
- ☐ Poster in municipal building _____