



# EMPLOYMENT APPLICATION

*Borough of Sayreville  
167 Main Street  
Sayreville, NJ 08872  
732-390-7022*

DATE:

## PERSONAL INFORMATION

NAME: FIRST MIDDLE INITIAL SOCIAL SECURITY #:

LAST CITY STATE ZIP CODE

ADDRESS: STREET CITY STATE ZIP CODE

PHONE #: DAYTIME CELL/OTHER

ARE YOU 18 YEARS OR OLDER: ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?

## EMPLOYMENT DESIRED

POSITION: DATE YOU CAN START: SALARY DESIRED:

ARE YOU CURRENTLY EMPLOYED? MAY WE CONTACT YOU CURRENT/PREVIOUS EMPLOYER?

HAVE YOU APPLIED HERE BEFORE? IF SO WHEN?

## EDUCATION

	NAME/LOCATION	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/TECHNICAL SCHOOL				

**GENERAL**

SPECIAL LICENSES, CERTIFICATES, SKILLS, SUPPLEMENTAL EDUCATION:

ACTIVITIES/HOBBIES:

U.S. MILITARY SERVICE:

RANK:

**FORMER EMPLOYMENT** (LIST LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)

1.) DATES: FROM: TO:

EMPLOYER:

SUPERVISOR:

ADDRESS:

PHONE #:

JOB TITLE:

SALARY:

REASON FOR LEAVING:

2.) DATES: FROM: TO:

EMPLOYER:

SUPERVISOR:

ADDRESS:

PHONE #:

JOB TITLE:

SALARY:

REASON FOR LEAVING:

3.) DATES: FROM: TO:

EMPLOYER:

SUPERVISOR:

ADDRESS:

PHONE #:

JOB TITLE:

SALARY:

REASON FOR LEAVING:

**REFERENCES** (GIVE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU'VE KNOWN FOR AT LEAST ONE YEAR)

1.)	_____	_____	_____	_____
	NAME	OCCUPATION	CONTACT INFORMATION	YEARS ACQUAINTED

2.)	_____	_____	_____	_____
	NAME	OCCUPATION	CONTACT INFORMATION	YEARS ACQUAINTED

3.)	_____	_____	_____	_____
	NAME	OCCUPATION	CONTACT INFORMATION	YEARS ACQUAINTED

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS. I UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING"

SIGNATURE:

DATE: