FRANKFORD TOWNSHIP
EMPLOYMENT APPLICATION

FRANKFORD TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER AND AS SUCH DOES NOT DISCRIMINATE IN EMPLOYMENT PRACTICES BASED ON SEX, PREGNANCY, BREASTFEEDING, SEXUAL ORIENTATION, GENDER IDENTITY, DOMESTIC PARTNERSHIP/CIVIL UNION STATUS, MILITARY STATUS, AND GENETIC INFORMATION.

PLEASE PRINT

POSITION(S) APPLYING FOR: _____DATE OF APPLICATION: _____

Name: _____
Last First Middle

Address: _____
Number Street Apt.

_____
City/Town State Zip

(Address if different from above):
_____

Telephone Number _____ ALT. Phone: _____

Email _____ Social Security Number: _____

Can you, if hired, submit proof of the right to work in the U.S.? ..... ☐ Yes ☐ No

Are you under 18 years of age? ..... ☐ Yes ☐ No

Date available for work _____ ☐ Full Time ☐ Part Time ☐ Temporary/Seasonal

Have you ever been employed by Frankford Township? ..... ☐ Yes ☐ No

If yes, when and in what position? _____

Are you currently employed? ..... ☐ Yes ☐ No

Are you currently on lay-off status and subject to recall?..... ☐ Yes ☐ No

Do any of your relatives work for the Frankford Township?..... ☐ Yes ☐ No

If yes, please give name and department_____ _____

Do you require any accommodation from the Township to perform the essential functions of the job for which you have applied? ..... ☐ Yes ☐ No

If yes, please list the type of accommodation required:_____

If the position for which you are applying involves the handling of money, to the best of your knowledge, is there any reason why you cannot be bonded for the receipt and reconciliation of moneys? ☐ Yes ☐ No

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION	DATE ISSUE	ISSUED BY: (State or Other Authority)	License Number	Location of Issuing Authority

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE POSITION FOR WHICH YOU ARE APPLYING FOR INVOLVES OPERATING A TOWNSHIP VEHICLE

Do you have a valid driver's license? ☐ Yes ☐ No

If yes, please list your driver's license number: _____

Do you currently hold a CDL license? List endorsements _____ ☐ Yes ☐ No

Are there currently any points assessed against your license? ☐ Yes ☐ No

If yes, how many: _____

Do you have transportation to and from work? ☐ Yes ☐ No

Have you had your driving privileges suspended or revoked in the last five years? ☐ Yes ☐ No

If yes, what were the circumstances surrounding the suspension or revoking of your driving privileges

_____

_____

EDUCATION: (Applicants may be required to provide proof of diploma, degrees, transcripts, licenses certifications and registrations.)

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS COMPLETED	MAJOR	DIPLOMA/ DEGREE
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
OTHER				
OTHER				
OTHER				

SPECIAL SKILLS/QUALIFICATIONS: LIST ALL SPECIAL SKILLS YOU POSSES AND MACHINES OR OFFICE EQUIPMENT YOU CAN USE, SUCH AS PRINTING OR GRAPHICS EQUIPMENT, COMPUTER EQUIPMENT, TYPES OF SOFTWARE AND HARDWARE, ETC. AND ANY SKILLS WHICH YOU FEEL PARTICULARLY FIT YOU FOR WORK IN THE POSITION(S) APPLIED FOR:

REFERENCES (NOT Employers or Relatives)

Name	Address	Phone number

EMPLOYMENT HISTORY: This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experiences should clearly describe your qualifications. Include *ALL* employment. Begin with your current or last position and work back to your first position.

Employer	Dates Employed	
	From	To
Address		
Telephone Number (s)		
Job Title / Supervisor		
Summary of Experience		
Reason for Leaving:		

Employer	Dates Employed	
	From	To
Address		
Telephone Number (s)		
Job Title / Supervisor		
Summary of Experience		
Reason for Leaving:		

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	From	To
Address		
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Employer	Dates Employed	
	From	To
Address		
Telephone Number (s)		
Job Title / Supervisor		
Summary of Experience		
Reason for Leaving:		

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).

_____

Understanding and Agreements (PLEASE READ AND SIGN BELOW)

As an applicant for a position with the Township, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Township later discovers that information on this form was incomplete, untrue, or inaccurate.

I give the Township the right to investigate the information I have provided, talk with former Townships (except where I have indicated they may not be contacted). I give the Township the right to secure additional job-related information about me. I release the Township and its representatives from all liability for seeking such information.

I understand that the Township is an equal-opportunity Township and does not discriminate in its hiring practices. I understand that the Township will make reasonable accommodations as required by the Americans with Disabilities Act and New Jersey Law Against Discrimination.

I understand that, if employed, I may resign at any time and that the Township may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township may make any assurances to the contrary.

I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks.

I understand any misstatement or omission on this form or during my interview may result in my disqualification for employment or termination of my employment if I have already been appointed.

SIGNATURE OF APPLICANT _____

*DATE:*_____

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.