



**TOWN OF SECAUCUS**  
An Equal Opportunity Employer

**APPLICATION FOR EMPLOYMENT**  
(Please Print)

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name:	First Name:	Middle Initial:	Social Security #:
Street Address:	City:	State:	Zip Code:
Home Number:	Cell Number:	E-mail:	

Type of work applying For:	Full Time	Part Time	Seasonal Summer / Winter
Available Start Date:	Desired Salary:		

How Did You Learn About Job(s) with the Town?			
Advertisement: _____	Employee referral : _____	Job Fair: _____	
Self: _____	Relative: _____	Other: _____	

**EDUCATION**

List Schools Attended	Name and Location of School	Degree Obtained	Course of Study Major / Minor	Did You Graduate?
High School				Yes No
College				Yes No
Other (Specify)				Yes No

**GENERAL**

1. Have you worked for the Town of Secaucus? If yes, when? _____	Yes No
2. Have you applied to the Town of Secaucus in the past 24 months? If yes, when? _____	Yes No
3. If you are under 18 years of age, can you provide required proof (working papers) of your eligibility to work?	Yes No
4. Are you currently employed?	Yes No
5. Do you possess a valid driver license?	Yes No
6. Do you possess a Commercial Class B driver's license with a passenger endorsement?	Yes No
7. Are you a U.S. Citizen or, pursuant to U.S. Immigration Laws, authorized to accept and assume immediate employment with the Town of Secaucus?	Yes No
8. Do you currently have any relatives working for the Town of Secaucus? If yes, Employee's Name: _____ Relationship to you: _____ Department: _____	Yes No
9. Were you in the U.S. Armed Forces? If so, what branch? _____	Yes No

## EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments. You may exclude organizations, which indicate race, color, religion, gender, national origin, disability or other protected status.

Month/Year of <u>Employment</u>  From:  To:	Current Employer's Name/Address	Brief Description of Work Performed	Current Job Title	May we contact? Yes    No
	Current Supervisor's Name / Title / Phone		Reason For Leaving	Annual Salary
Month/Year of <u>Employment</u>  From:  To:	Employer's Name/Address	Brief Description of Work Performed	Job Title	
	Supervisor's Name/Title/Phone		Reason For Leaving	Annual Salary
Month/Year of <u>Employment</u>  From:  To:	Employer's Name/Address	Brief Description of Work Performed	Job Title	
	Supervisor's Name/Title/Phone		Reason For Leaving	Annual Salary
Month/Year of <u>Employment</u>  From:  To:	Employer's Name/Address	Brief Description of Work Performed	Job Title	
	Supervisor's Name/Title/Phone		Reason For Leaving	Annual Salary
Month/Year of <u>Employment</u>  From:  To:	Employer's Name/Address	Brief Description of Work Performed	Job Title	
	Supervisor's Name/Title/Phone		Reason For Leaving	Annual Salary

**Special Skills and Qualifications** - Summarize special job-related skills and qualifications acquired from employment or other experience.

**References** (Required) Please list supervisors and/or other company representatives who are familiar with your skills and job performance; OR please list persons who are not related to you and whom you have known at least one year.

Name	Title	Address	Phone

Please explain why you are interested in working for the Town of Secaucus while addressing how your skills, experiences and career interests match this position.

*(Your answer should be brief and take no more than 5 minutes to complete.)*

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The Town of Secaucus is committed to providing equal opportunity to all employees and applicants for employment without regard to race, color, creed, religion, gender, age, national origin, affectional or sexual orientation, ancestry, marital and familial status, status as a Vietnam-era or special disabled veteran, disability, genetic information and or any other characteristic protected by law.

**PLEASE READ AND SIGN BELOW**

The facts set forth in this application for employment are true and complete. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the Town of Secaucus in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the Governing Body has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed. You are hereby authorized to conduct a background check through any investigative sources you choose. I hereby give permission to contact any or all former employers concerning my prior work experience. I further understand that if I am employed, any false statement on this application shall be considered sufficient cause for dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date