



# Borough of Fair Lawn

## Application for Employment

Date \_\_\_\_\_

To be considered an applicant, you must complete this application. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature.

### Personal Information:

Name

Last Name:	First Name:	Middle	Other Names Used
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Address

Street	City	State	Zip
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Telephone	Home	Cell
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Email Address:

### Position Applying For:

Job Title:

Are you applying for:

☐ Full Time ☐ Part Time

☐ Temp/Seasonal ☐ Unpaid Internship

What shifts can you work?

☐ Days ☐ Nights

☐ Weekends ☐ Any

May We Contact Your Present Employer?

☐ Yes ☐ No

Available Start Date:

Have you ever applied to the Borough before?: ☐ Yes ☐ No If yes, give approximate date:

Are you legally eligible to work in the United States? ☐ Yes ☐ No

(Federal Law requires proof of identity and employment authorization for all new employees.)

If you are under eighteen years of age, can you provide proof of eligibility to work: ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No State: \_\_\_\_\_

Do you have a valid commercial driver's license? ☐ Yes ☐ No State: \_\_\_\_\_

Please list any endorsements:

### Education/Training

School	Name	Location	Dates Attended From / To:	Diploma, Degree & Major	Graduated?
High School					
College					
Other					

<b>Employment History</b> (Please Start With the Most Recent, Ending With Age 18, excluding part-time positions held while obtaining higher education—Use Additional Paper if Necessary.):			
Employer:			
Address:			
Street	City	State	Zip
Telephone:		Supervisor's Name:	
Dates From:	To:		
Position Held:		May we contact them for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Duties:			
Reason for Leaving:			
<b>Employer:</b>			
Employer:			
Address:			
Street	City	State	Zip
Telephone:		Supervisor's Name:	
Dates From:	To:		
Position Held:		May we contact them for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Duties:			
Reason for Leaving:			
<b>Employer:</b>			
Employer:			
Address:			
Street	City	State	Zip
Telephone:		Supervisor's Name:	
Dates From:	To:		
Position Held:		May we contact them for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Duties:			
Reason for Leaving:			

<b>Technology Skills (List All Skills &amp; Software Applications You Have Experience Using):</b>				
Word Processing:				
Spreadsheet:				
Other Software:				
Database:				
Microsoft Office: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Scanner? <input type="checkbox"/> Yes <input type="checkbox"/> No      Copier? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Explain Internet Skills, Including Email Usage:				
Professional Licenses or Certificates Held: (please provide copies with this application)				
<b>Personal Reference (Please list the names of three (3) persons <u>not</u> related to you by blood or marriage.)</b>				
<b>Name:</b>				
Last Name:		First Name:		Middle
Address:				
Street	City		State	Zip
Telephone:				
Connection To You (i.e. friend, co-worker): Occupation:				
<b>Personal Reference</b>				
<b>Name:</b>				
Last Name:		First Name:		Middle
Address:				
Street	City		State	Zip
Telephone:				
Connection To You (i.e. friend, co-worker): Occupation:				
<b>Personal Reference</b>				
<b>Name:</b>				
Last Name:		First Name:		Middle
Address:				
Street	City		State	Zip
Telephone:				
Connection To You (i.e. friend, co-worker): Occupation:				
<b>Language:</b>				
<u>Language</u>	<u>Understand</u>	<u>Speak Fluently</u>	<u>Read</u>	<u>Write</u>

**Special Skills and Experience:** (State any special skills, experiences, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying)

**Comments and Additional Information:** (Is there any additional information about you we should consider)

**Are you related by blood or marriage to any person now employed by the Borough of Fair Lawn?** ☐ Yes ☐ No

**If yes, give name and relationship to you:**

**Understanding and Agreement:**

As an applicant for a position with the Borough of Fair Lawn, 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 Borough later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough of Fair Lawn the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Borough the right to secure additional job-related information about me. I release the Borough of Fair Lawn from all liability for seeking such information. I understand that the Borough of Fair Lawn is an equal-opportunity and does not discriminate in its hiring practices. I understand that the Borough will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Borough may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Conditions of Employment:**

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible or hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. *For your application to be considered, you must sign and date below.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_