

# Borough of Fair Lawn Application for Employment

The Opportunity to Compete Act, N.J.S.A. 34:6B-11 to 19, went into effect on March 1, 2015. Under this new law, an employer cannot make any inquiry—either verbally or in writing, including in an employment application—about an applicant's criminal record during the Initial Employment Application Process, unless one of the limited exceptions below applies.

The Initial Employment Application Process refers to "the period beginning when an applicant for employment first makes an inquiry to an employer about a prospective employment position or job vacancy or when an employer first makes any inquiry to an applicant for employment about a prospective employment position or job vacancy, and ending when an employer has conducted a first interview, whether in person or by any other means, of an applicant for employment." Employers can make this inquiry after the Initial Employment Application Process has concluded (i.e., post-interview).

The Act allows employers to request criminal history information before the first interview in the following limited circumstances:

- If an applicant voluntarily discloses his or her criminal history during the Initial Employment Application Process.
- Where the applicant is seeking a position in law enforcement, corrections, the judiciary, homeland security or emergency management.
- Where the applicant is seeking a position where a criminal history record background check is required by law, rule or regulation.
- Where the applicant may be legally precluded from holding the position by virtue of his or her arrest or conviction (for example, any person convicted of an offense which was related to the person's performance in, or circumstances flowing from the specific public office, position or employment held by the person shall be forever disqualified).
- Where any law, rule or regulation restricts an employer's ability to engage in specified business activities based on the criminal records of its employees.
- Where the applicant is seeking a position designated by the employer as part of a program designed predominately to encourage the employment of persons who have a criminal record.

## \* Please read question #17 carefully and only answer where applicable.

Job applicants are considered for all positions without regard to race, creed, color, national origin, sex, affectional or sexual orientation, age, religion, marital, or veterans status, or disability. The State will not tolerate any form of discrimination or sexual harassment.

The Americans with Disabilities Act of 1990 as amended prohibits employers from discriminating against any qualified person on the basis of a disability. The State of New Jersey makes reasonable accommodations during all aspects of the employment process, such as testing and interviews. The State also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential job functions and to participate equally with co-workers without disabilities. However, the State can only make reasonable accommodations when it is aware of a disability. It is up to you to inform the prospective employer if you need a reasonable accommodation. The employer may ask you for documentation to support your request for a reasonable accommodation.

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   |                |                           |                        |             |      |
|--|----------------|---------------------------|------------------------|-------------|------|
| 1. Name: (Last, First, MI)   | 2. Hom         | 2. Home Phone:3. Cell Pho |                        | one:        |      |
|  |                |                           |                        |             |      |
|  |                |                           |                        |             |      |
|  | 1 (            |                           |                        | 1           |      |
| 4a. Address: Number, Street, Apartment N   | umber, etc.    |                           | is your mailing addre  |             |      |
|  |                | street, township, ci      | ity or borough in whic | n you live. |      |
| City:  |                |                           |                        |             |      |
| City.  |                |                           |                        |             |      |
|  |                |                           |                        |             |      |
| State: Zi  | p:             |                           |                        |             |      |
|  | 1              |                           |                        |             |      |
|  |                |                           |                        |             |      |
| 5. Email Address:  |                | ·                         |                        |             |      |
|  |                |                           |                        |             |      |
| Position Applying For:   |                |                           |                        |             |      |
| 6. Job Title:  |                |                           |                        |             |      |
|  |                |                           |                        |             |      |
| 7. Indicate preferred work schedule  |                |                           |                        |             |      |
| Full Time Part Time  | Temporary      | Days                      | Nights                 | Weeke       | ends |
| 8. Available Start Date:   |                |                           |                        |             |      |
|  | C              |                           |                        | NZ          | N    |
| 9. Have you ever applied to the Borough be   |                | 1 II.C.O.                 |                        | Yes         | No   |
| 10. Are you either a U.S. citizen or an alien authorized to work in the U.S.?                              |                |                           |                        | Yes         | No   |
| 11. Are you 18 years old or older? (If under 18, you may be required to submit working papers)             |                |                           |                        | Yes         | No   |
| 12. Do you possess a driver's license that is valid in New Jersey?   |                |                           | Yes<br>Yes             | No<br>No    |      |
| 13. Do you possess a Commercial Driver's License?   13a. Please list any endorsements on your CDL:         |                |                           |                        | res         | INO  |
| 15a. Flease list any endorsements on your C  | DL.            |                           |                        |             |      |
|  |                |                           |                        |             |      |
| 14. Are you a Veteran?   |                |                           | Yes                    | No          |      |
| 14a. If yes, have you established Civil Service Veteran's Preference with the NJ Civil Service Commission  |                |                           | Yes                    | No          |      |
| between April 1, 1980 and March 1, 2001 or with the NJ Department of Military and Veteran after March      |                |                           |                        |             | 1.0  |
| 1, 2001  | 1              | 5                         |                        |             |      |
| 15. Are you now or have you ever been a member of any Public Employee's Retirement System?                 |                |                           |                        |             | No   |
| 16. Are you currently on a special or regular reemployment list, or any list resulting from an examination |                |                           |                        | Yes         | No   |
| administered by the New Jersey Civil Service Commission?   |                |                           |                        |             |      |
| 16a. If yes, indicate Titles and Symbols:  |                |                           |                        |             |      |
|  |                |                           |                        | r           |      |
| *Review instructions on cover before answering this question.  |                |                           | Yes                    | No          |      |
|  |                |                           |                        |             |      |
| 17. Have you been convicted of an offense which has not been expunged by the Court, either in New Jersey   |                |                           |                        |             |      |
| or any other jurisdiction which was related to your prior performance in, or circumstances flowing from    |                |                           |                        |             |      |
| your prior service in public office, position  | or employment? |                           |                        |             |      |
| 18. If the position you are applying for is in law enforcement, please answer whether you have been Yes No |                |                           | No                     |             |      |
| convicted of a crime whether or not same has been expunged by the Court, either in New Jersey or in any    |                |                           |                        |             |      |
| other jurisdiction. (If you are applying for a   |                |                           |                        |             |      |
| 19. Explanations (Use this block for any ex  |                |                           |                        | cessarv.    | 1    |
|  |                |                           |                        |             |      |
|  |                |                           |                        |             |      |

## **Education/Skill History:**

20. Please list all vocational, technical, colleges and universities you have attended. Upon employment, be prepared to provide supporting documentation of schools attended. Attach additional sheets, if necessary.

| Name and Address of School   | Did you | Graduate?                                     | Credit Hrs. Earned | Major Subject       | Degree Received                       |
|--|---------|---|--------------------|---------------------|---------------------------------------|
| High School:   | Yes     | No  |                    |                     |                                       |
| College or University:   | Yes     | No  |                    |                     |                                       |
| Graduate School:   | Yes     | No  |                    |                     |                                       |
| Other Formal Training: (Include Military)  | Yes     | No  |                    |                     |                                       |
| 21. Foreign Language Abilities: (Answer is Optional) If there are any foreign languages, including sign languages, in which you are proficient enough to communicate on a job, and are willing to use on the job (now and in the future), please list them here: |         |   |                    |                     |                                       |
| 22.Clerical Skills: (i.e., typing, office machines operated, computer systems used and/or special skills)  |         |   |                    |                     |                                       |
| <b>Employment History:</b><br>23. Please list all employment starting with present or last position and work back, including military service. Attach additional sheets, if necessary.   |         |   |                    |                     |                                       |
| From: To:  |         |   | Position Title:    | Superviso           | or's Name:                            |
| Month: Month: Year: Year:  |         |   |                    | May we<br>reference | contact them for a<br>? Yes <u>No</u> |
| Employer's Name and Complete Address:  |         | Full Time<br>Part Time<br>Reason for Leaving: |                    |                     |                                       |
| Description of Duties:   |         |   |                    |                     |                                       |

| From:                                 | To:             | Position Title:                               | Supervisor's Name:                                 |
|---------------------------------------|-----------------|---|--|
| Month:<br>Year:                       | Month:<br>Year: |   | May we contact them for a reference? Yes No        |
| Employer's Name and Complet           | e Address:      | Full Time<br>Part Time<br>Reason for Leaving: |  |
| Description of Duties:                |                 |   |  |
| From:                                 | To:             | Position Title:                               | Supervisor's Name:                                 |
| Month:<br>Year:                       | Month:<br>Year: |   | May we contact them for a reference? Yes <u>No</u> |
| Employer's Name and Complet           | e Address:      | Full Time<br>Part Time<br>Reason for Leaving: |  |
| Description of Duties:                |                 |   |  |
| From:                                 | To:             | Position Title:                               | Supervisor's Name:                                 |
| Month:<br>Year:                       | Month:<br>Year: |   | May we contact them for a reference? Yes No        |
| Employer's Name and Complete Address: |                 | Full Time<br>Part Time<br>Reason for Leaving: |  |
| Description of Duties:                |                 |   |  |
|                                       |                 |   |  |

#### **General Information:**

24. Please list any additional information which will help in placing you where you are best qualified. Include such items as: honors, hobbies, publications, volunteer work, public speaking, and writing experience, membership in professional or scientific societies.

25. List three people unrelated to you whom we may contact for information concerning your qualifications, not related to you by blood or marriage.

| Nama   | Phone Number:                               |  |  |
|--|---|--|--|
| Name:  | Phone Number:                               |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| Address:   | Connection To You (i.e. friend, co-worker): |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| Name:  | Phone Number:                               |  |  |
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|  |   |  |  |
|  |   |  |  |
| Address:   | Connection To You (i.e. friend, co-worker): |  |  |
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|  |   |  |  |
| Name:  | Phone Number:                               |  |  |
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|  |   |  |  |
|  |   |  |  |
| Address:   | Connection To You (i.e. friend, co-worker): |  |  |
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|  |   |  |  |
|  |   |  |  |
| 26. Are you related by blood or marriage to any person now employed by the Borough of Fair Lawn Yes No |   |  |  |
| 26a. 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 (expect 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 you application to be considered, you must sign and date below.

Applicant's Signature:

Date:

The Borough of Fair Lawn is an Equal Opportunity Employer