

Township of Parsippany-Troy Hills

1001 Parsippany Boulevard

Parsippany, NJ 07054

Application For
Employment

An Equal Opportunity Employer

(Do not include any information regarding race, color creed,
religion, sex, national origin, or handicap)

DATE: _____

Complete entire application legibly. (A resume' may supplement but not substitute for this application).

NAME:					
HOME ADDRESS:					TELEPHONE NO.
Number & Street	City	County	State	Zip Code	
Are you under 18 years of age? _____ Yes _____ No			Name of friends or relatives employed by us.		

False or misleading information provided in this application or as part of any interview may result in the discharge of the individual should he or she be employed by the Township.

Do you reside within the Township of Parsippany-Troy Hills?	Alien Reg No. If not a citizen	Dates (if) you were employed here before
In Case of emergency, notify:		
Name	Address	Telephone No.
Position Desired	Full Time	Part Time
		Days and Hours if Part Time
	Salary Expected	Date Available

How did you hear about this position?

EDUCATION

Circle Highest Year Attended	Name and Location of School	Major Course of Study and Degree Earned	Year you Graduated?
Grammar School 5 6 7 8			
High School Fr Soph Jr Sen			
Other School or Apprenticeship			

U.S. MILITARY SERVICE

Branch of Service	Rank	Specialty
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Special skills or training received:

Hobbies & Interests:	Current part-time or personal business:
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EMPLOYMENT RECORD

PRESENT OR LAST EMPLOYER

Name of Company			Type of Business		
Address:					
Street & Number		City	State	Zip Code	Telephone
Title of Job	Employed From	To	Starting Rate	Present or Last Rate	
Description of Work:					
Name of Your Supervisor			Supervisor's Title		
Reason for Leaving			May We consult your employer?		

NEXT TO LAST EMPLOYER (List other employers in similar order)

Name of Company			Type of Business		
Address:					
Street & Number		City	State	Zip Code	Telephone
Title of Job	Employed From	To	Starting Rate	Present or Last Rate	
Description of Work:					
Name of Your Supervisor			Supervisor's Title		
Reason for Leaving					

Name of Company			Type of Business		
Address:					
Street & Number		City	State	Zip Code	Telephone
Title of Job	Employed From	To	Starting Rate	Present or Last Rate	
Description of Work:					
Name of Your Supervisor			Supervisor's Title		
Reason for Leaving					

Name of Company			Type of Business		
Address:					
Street & Number		City	State	Zip Code	Telephone
Title of Job	Employed From	To	Starting Rate	Present or Last Rate	
Description of Work:					
Name of Your Supervisor			Supervisor's Title		
Reason for Leaving					

Prior or Other Work Experience & Skills Not Listed Above:

REFERENCES

DO NOT GIVE RELATIVES OR FORMER EMPLOYERS AS REFERENCES				
Name	Address	Telephone	Business	Known For How Long?
Name	Address	Telephone	Business	Known For How Long?
Name	Address	Telephone	Business	Known For How Long?

This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no representative of the Township other than an authorized official has the authority to make any assurances to the contrary. If I am hired, I understand that I am free to resign at any time, with or without cause, and the Township reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. I understand that if I am hired, I will be required to provide proof of identity and legal work authorization. **A pre-employment medical examination will include a controlled substance abuse screening test.** The Township reserves the right to withdraw a conditional job offer if the prospective employee receives a positive drug test and reject an individual for employment if the medical examination determines that the job functions of the position cannot be performed with reasonable accommodation.

This application is current for 60 days. At the conclusion of this time I have not heard from the Township and still wish to be considered for employment, I may contact the Personnel Department to extend my application for another 60 days.

The Township prohibits discrimination in employment and ensures that all applicants are recruited, employed, and treated without regard to their age, race, color, creed, national origin, religion, ancestry, marital or veteran status, sex, affectional or sexual orientation or the presence of a non-job related medical condition or disability or any other legally protected status.

Are you able to perform a job without an accommodation? Yes or No. If "No," describe how you would perform what accommodation would be needed:

If the job for which you are applying requires a Commercial Driver's License (CDL), do you possess a valid CDL Yes or No? Failure to obtain a CDL where necessary is ground for termination. If the job for which you applied requires driving and you are on the suspended list, your application may not be considered.

Have you ever been convicted of a crime other than a minor traffic violation Yes or No? If Yes, explain.:

Conviction of a crime may not necessarily disqualify an applicant from employment.

I hereby authorize the investigation of all statements contained by this application. I hereby release the Township of Parsippany-Troy Hills or those individuals or corporations who provide information relating to my prior employment or character from all liability whatsoever that may issue from securing such information.

I agree to undergo a physical examination by a physician selected by the Township at any time before or during employment and authorize the examining physician to render to the Township complete reports of such examinations. If I am employed, I agree to abide by all the rules and regulations set forth by the Township. I understand that the job I am applying for is temporary, pending successful completion of a Civil Service Examination and appointing procedures (this may not apply to jobs with are temporary, part-time, summer or seasonal). I understand that as a work place, the Township's facilities are smoke-free.

SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE CLARIFICATION OF ANY ITEM IN THIS APPLICATION PLEASE ASK BEFORE SIGNING.

Date: _____

Signature: _____

DO NOT WRITE BELOW THIS LINE.

Interviewed	Comments	
Date		
Dept. Head Interview	Comments	
Date		
Dept. Assignment	Title	Civil Service Status
Bi Weekly Hours	Salary	Temporary _____
A.A. P Code (After Employment)	D.O.B. (After Employment)	Class-Non Competitive _____
C B S O I M F		Class- Prov. _____ Perm. _____
		Unclass-Statute _____
		Starting Date _____