



Toms River Township APPLICATION FOR EMPLOYMENT

Revised 2015

● Pre-Employment Questionnaire / An Equal Opportunity Employer ●

Date:

Personal Information

Please print or type all information.

Name:

Last Name *First* *Middle*

Address:

Street *Municipality* *Apt. #* *State* *Zip Code*

Telephone:

Cell Phone:

Email:

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?

Yes No

18 years old or older? Yes No

16 years old or older? Yes No

Position applied for:

Date you can start:

Salary Desired:

Are you available to work: Full time Part time Shift work Temporary

Are you employed now? Yes No *If Yes, may be contact your employer?* Yes No

Are you currently on layoff status and subject to recall: Yes No

Have you ever applied for or employed by the Toms River Township? Yes No

Do you possess a current driver's license: Yes No

Do you possess a current commercial driver's license: Yes No

Please list any endorsements:

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

Are you legally eligible to work in the United States of America: Yes No

Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

The Toms River Township is an Equal Opportunity Employer

Applications will only be accepted for positions which the Township of Toms River has posted and/or advertised to the general public.



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Employment History

Please print or type all information.

This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of the page.

Employer:

Address: Municipality: State: Zip:

Starting Date: Leaving Date: Job Title:

Name of Supervisor: Phone:

May we contact your supervisor for a reference: Yes No

Reason for leaving:

Worked performed / Responsibilities:

Employer:

Address: Municipality: State: Zip:

Starting Date: Leaving Date: Job Title:

Name of Supervisor: Phone:

May we contact your supervisor for a reference: Yes No

Reason for leaving:

Worked performed / Responsibilities:

Employer:

Address: Municipality: State: Zip:

Starting Date: Leaving Date: Job Title:

Name of Supervisor: Phone:

May we contact your supervisor for a reference: Yes No

Reason for leaving:

Worked performed / Responsibilities:

Employer:

Address: Municipality: State: Zip:

Starting Date: Leaving Date: Job Title:

Name of Supervisor: Phone:

May we contact your supervisor for a reference: Yes No

Reason for leaving:

Worked performed / Responsibilities:

COMMENTS:

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Education

Please print or type all information.

Provide information on your formal schooling and education. Include elementary, secondary and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School Level	Name of School	No. of Years Attended <i>(Circle)</i>	Did you Graduate? <i>(Circle)</i>	Major Field:
High		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Other		1 2 3 4	Yes No	

Languages: List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Language:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

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References

Please print or type all information

Provide the names, addresses and phone numbers of those people whom we may contact as a reference.
They should not be relatives or former supervisors.

	Name	Address	Business / Telephone	Years Known
1			Phone: <input style="width: 80%;" type="text"/>	
2			Phone: <input style="width: 80%;" type="text"/>	
3			Phone: <input style="width: 80%;" type="text"/>	

Understanding and Agreements:

As an applicant for a position with the Township of Toms River, 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 of Toms River later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township of Toms River 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 Township of Toms River the right to secure additional job-related information about me. I release the Township of Toms River and its representatives from all liability for seeking such information. I understand that the Township of Toms River is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Toms River 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 Township of Toms River may terminate me at any time in accordance with its established policies and procedures. No representative of the Township of Toms River 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 and involve background and criminal checks.

For your application to be considered, you must sign and date below.

Date	Applicants Signature	Print Name

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Voluntary Affirmative Action Information

You are not required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application.
This information will be used for purposes of the affirmative action program.

Name:

Last Name *First* *Middle*

Address:

Street *Municipality* *Apt. #* *State* *Zip Code*

Telephone:

Cell Phone:

Email:

Position applied for:

How did you learn about this position?

- Advertisement
- Employment Agency
- Friend
- Relative
- Walk-in
- Other (Explain) _____

Information Regarding Status:

- Male
- Female

Equal Employment Opportunity Identification Groups:

- White
- African-American (non-Hispanic)
- Hispanic
- American Indian / Alaskan native
- Asian / Pacific Islander
- Other _____

For Township of Toms River Use ONLY

Hired: Yes No

Position:

Date:

Which EEO job classification best describes the position for which the applicant applied:

Other protected Groups:

- Individual with a disability
- Vietnam-era veteran (Served between 1964-1975)
- Disabled veteran

- A) Administration / OA D) Protective Service Workers G) Craft workers - Skilled SCW
- B) Professionals / Prof E) Paraprofessional
- C) Technicians / Tech F) Administrative Support H) Service / Maintenance

Township of Toms River Official:

Date:

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