

Toms River Fire Commissioners APPLICATION FOR EMPLOYMENT

● Pre-Employment Questionnaire / An Equal Opportunity Employer ●

Date:

Personal Information		Please print or type all information.
Name:		
<i>Last Name</i>	<i>First</i> <i>Middle</i>	
Address:		
<i>Street</i>	<i>Municipality</i>	<i>Apt. #</i> <i>State</i> <i>Zip Code</i>
Telephone:	Cell Phone:	Email:
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
		16 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position applied for:		
Date you can start:		Salary Desired:
Are you available to work: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Shift work <input type="checkbox"/> Temporary		
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, may be contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on layoff status and subject to recall:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for or employed by the Toms River Fire?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a current driver's license:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a current commercial driver's license:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any endorsements:		
If you are under eighteen years of age, can you provide proof of eligibility to work:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible to work in the United States of America:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.		
The Toms River Fire Commissioners are an Equal Opportunity Employer		

Applications will only be accepted for positions which the Toms River Fire Commissioners 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:			<input type="checkbox"/> Yes <input type="checkbox"/> 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:			<input type="checkbox"/> Yes <input type="checkbox"/> 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:			<input type="checkbox"/> Yes <input type="checkbox"/> 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:			<input type="checkbox"/> Yes <input type="checkbox"/> 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			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Phone:</td> <td style="width: 10%;"></td> </tr> </table>	Phone:		
Phone:						
2			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Phone:</td> <td style="width: 10%;"></td> </tr> </table>	Phone:		
Phone:						
3			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Phone:</td> <td style="width: 10%;"></td> </tr> </table>	Phone:		
Phone:						

Understanding and Agreements:

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

- | | | |
|--|--|---|
| <input type="checkbox"/> A) Administration / OA | <input type="checkbox"/> D) Protective Service Workers | <input type="checkbox"/> G) Craft workers - Skilled SCW |
| <input type="checkbox"/> B) Professionals / Prof | <input type="checkbox"/> E) Paraprofessional | |
| <input type="checkbox"/> C) Technicians / Tech | <input type="checkbox"/> F) Administrative Support | <input type="checkbox"/> H) Service / Maintenance |

Township of Toms River Official:

Date:

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