

BOROUGH OF CALDWELL  
1 PROVOST SQUARE  
CALDWELL, NJ 07006

APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

LAST NAME FIRST MIDDLE PHONE

ADDRESS (Number & Street) (Town) (State) (Zip)

I. Social Security No. \_\_\_\_\_  
Check only if applicable: Under 18 Years Old ( ) Over 70 Years Old ( )  
Valid N.J. Driver's License No. \_\_\_\_\_ Other License \_\_\_\_\_  
Military Branch of Service \_\_\_\_\_ Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

II. Employment Desire  
Do you want to work: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_  
In what position: Public works/maintenance \_\_\_\_\_ Clerical \_\_\_\_\_  
Other (Describe) \_\_\_\_\_  
Are you employed now: Yes \_\_\_\_\_ No \_\_\_\_\_ Date you can start \_\_\_\_\_

III. Name and Location Dates Attended Was Course of  
From - To study completed?

High School \_\_\_\_\_

College \_\_\_\_\_

Post-Graduate \_\_\_\_\_

Business, Trade or  
Correspondence School \_\_\_\_\_

Municipal Certifications \_\_\_\_\_

IV. List office machines operated, special skills, and/or special courses taken:

Typing? ( ) Yes \_\_\_\_\_ No ( ) W.P.M. \_\_\_\_\_

Shorthand? ( ) Yes \_\_\_\_\_ No ( ) W.P.M. \_\_\_\_\_

Computer Proficiency \_\_\_\_\_ Type \_\_\_\_\_

Professional Membership: \_\_\_\_\_

Employment eligibility verification (Form 1-9) Competed ( )

Have you ever been convicted of a crime other than minor traffic violations?

Yes ( ) No ( )

If yes, explain fully. Attach additional sheets, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Below Present and Past Employment, Beginning with your most recent

1.

Name & address of company & type of business	From		To		Wkly Starting Salary	Wkly Ending Salary	Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Phone	Describe the work you did:							

II.

Name & address of company & type of business	From		To		Wkly Starting Salary	Wkly Ending Salary	Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Phone	Describe the work you did:							

III.

Name & address of company & type of business	From		To		Wkly Starting Salary	Wkly Ending Salary	Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Phone	Describe the work you did:							

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed \_\_\_\_\_

If there is a particular employer (s), you do not wish us to contact, please indicated which one (s). \_\_\_\_\_

Personal References (Not former Employers or Relatives.)

Name and Occupation	Address	Phone Number

Pre-employment Statement

I voluntarily give the Borough of Caldwell the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations that supply such information.

I consent to taking the post-employment physical examination and such future physical examinations as may be required by the Borough of Caldwell.

I hereby certify that all of the foregoing statements and answers are true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or omission of facts called for in this application, I will be ineligible for employment.

\_\_\_\_\_  
Signature of Applicant