

Township of Chesterfield  
295 Bordentown-Chesterfield Rd  
Chesterfield, NJ 08515

DATE: \_\_\_\_\_

**EMPLOYMENT APPLICATION**

Applicant Information:

Name (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Phone (Work) \_\_\_\_\_ Home: \_\_\_\_\_

(Cell): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position applied for: \_\_\_\_\_

Have you ever applied to Chesterfield Township before: \_\_\_ Yes \_\_\_ No If Yes, date \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

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

Are you currently employed: \_\_\_ Yes \_\_\_ No May we contact you at work \_\_\_ Yes \_\_\_ No

Are you currently on layoff status and subject to recall: \_\_\_ 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: \_\_\_Y \_\_\_N

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 Township of Chesterfield is an Equal Opportunity Employer**

**Education:** 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	Years completed (Circle)	Graduated (Circle)	Major Field:
	5 6 7 8	Yes No	N/A
	1 2 3 4	Yes No	
	1 2 3 4	Yes No	
	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:	Write:

**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?

---



---



---

**Employment History:** 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 this page.

Employer:	Date started:	Work performed/ Responsibilities:
Address:	Date left:	
Job Title:	Starting Salary:	
	Final Salary:	
Reason for leaving:		
Supervisor's name & phone number:		
May we contact for a reference: ___ Yes ___ No		
Employer:	Date started:	Work performed/ Responsibilities:
Address:	Date left:	
Job Title:	Starting Salary:	
	Final Salary:	
Reason for leaving:		
Supervisor's name & phone number:		
May we contact for a reference: ___ Yes ___ No		
Employer:	Date started:	Work performed/ Responsibilities:
Address:	Date left:	
Job Title:	Starting Salary:	
	Final Salary:	
Reason for leaving:		
Supervisor's name & phone number:		
May we contact for a reference: ___ Yes ___ No		
Employer:	Date started:	Work performed/ Responsibilities:
Address:	Date left:	
Job Title:	Starting Salary:	
	Final Salary:	
Reason for leaving:		
Supervisor's name & phone number:		
May we contact for a reference: ___ Yes ___ No		

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

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

Name & Address	Phone Number	Years Known

**Understandings and Agreements:**

As an applicant for a position with the Township of Chesterfield, 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 later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township of Chesterfield 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 Chesterfield the right to secure additional job-related information about me. I release the Township of Chesterfield and its representatives from all liability for seeking such information. I understand that the Township of Chesterfield is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township 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 may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Chesterfield 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 for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive.

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_