



## THE CITY OF NEW BRUNSWICK

### APPLICATION FOR EMPLOYMENT

(PLEASE PRINT or TYPE)

Date of Application: \_\_\_\_\_ Position Applying: \_\_\_\_\_

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street Apt. (if applicable)*  
\_\_\_\_\_  
*City State Zip Code*

*If less than 1 year, please provide a previous address.*

Previous Address: \_\_\_\_\_  
*Street Apt. (if applicable)*  
\_\_\_\_\_  
*City State Zip Code*

Telephone #: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

*If less than 18 years of age, proof of eligibility to work will be required.*

Have you ever filed an application with the City of New Brunswick?  Yes  No

If yes, give date: \_\_\_\_\_

Do you possess a valid New Jersey Driver's License?  Yes  No

If yes, provide DL number: \_\_\_\_\_

Have you ever been employed with the City of New Brunswick?  Yes  No

If yes, what department: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this Country?  Yes  No

**CITY HALL • 78 BAYARD STREET • NEW BRUNSWICK, N.J. 08901**

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

**EDUCATION**

Name of School	City/State	Did you graduate?	If No, # of credits left to graduate	If Yes, date of Graduation	Degree received	Major
<i>High School:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>GED:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Other School:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>College:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>College:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>College:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

\_\_\_\_\_

**FOREIGN LANGUAGE(S)**

Indicate any foreign language you can speak, read and/or write (if applicable)

	Fluent	Good	Fair
Speak			
Read			
Write			

**WORK EXPERIENCE**

Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments.

**PLEASE NOTE:** The City of New Brunswick reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

**References**

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

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

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

- I certify that the information on this application and its supporting documents is accurate and complete.
- I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.
- I authorize the ***CITY OF NEW BRUNSWICK*** to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.
- I agree to submit to a physical exam and/or screening for illegal substances upon conditional offer of employment.
- I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment.
- If employed, I will be required to comply with all City rules and regulations.
- If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the ***NJ Division of Pensions and Benefits System***.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SPECIALIZED SKILLS

Check and/or list and skills or equipment operated

CRT <input type="checkbox"/>	Fax <input type="checkbox"/>	Production/Mobile Machinery (list):	Other (list):
PC <input type="checkbox"/>	Lotus 1-2-3 <input type="checkbox"/>		
Calculator <input type="checkbox"/>	PBX System <input type="checkbox"/>		
Typewrite <input type="checkbox"/>	MS Applications <input type="checkbox"/>		

State any additional information you feel may be helpful to us in considering your application:

Note to applicants:

*DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.*

Are you capable of performing in a reasonable manner, which or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES       NO

Please list technical skills, clerical skills, trade skills, etc., relevant to this position.  
Include relevant computer systems and software packages of which you have a working knowledge,  
and note your level of proficiency (basic, intermediate, expert)

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