



## Employment Application

<b>Applicant Information</b>
Name
Position Applying For
Department
Referral/Source of Listing

The Township of Livingston considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap or disability, sexual orientation, domestic partnership or any other legally protected status.

Effective September 1, 2011 all employees of State and local government must reside in the State of NJ, unless exempted under law. If you already work for State or local government as of September 1, 2011 and you do not live in NJ, you are not required to move to NJ if there is no more than a seven day break in employment. However, if you begin your office, position or employment on September 1, 2011 or later, you must reside in NJ. If you do not reside in NJ, you have one year after the date you take your office position or employment to relocate your residence to NJ. If you do not do so, you are subject to removal from your office, position or employment.

### Please Complete All Sections Of the Employment Application

All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law.

<i>Please do not write below this line. For internal use only.</i>		
<b>Application Receipt</b>		
Date Received	Department	Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Interview</b>		
Interviewer Name(s)		Interview Date
<b>Recommendation</b>		
Recommend for Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, Hold for Future Use <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes	Start Date	Starting Salary
<b>Approvals</b>		
Manager Approval		Date
Human Resources Signature		Date
Requisition # Filled		


**TOWNSHIP OF** **LIVINGSTON**

Application Date				
<b>Applicant Information</b>				
Name			Social Security Number	
Current Address				
City		State		Zip code
Cell Phone		Home Phone		
Email Address				
Are you legally eligible for employment in the United States? <i>(Proof of citizenship or authorization to work in the United States will be required upon hire.)</i>				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you previously employed by the Township of Livingston? If yes, when?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related to any who works for the Township of Livingston? If yes, who?				
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your application is considered favorably, on what date will you be available to start work?				
Do you have any special skills or qualifications which will be of benefit in the position for which you are applying?				
<b>Record of Education</b>				
	Elementary School	High School	College/University	Other
School Name				
Location				
Last Year Completed	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify Degree or Certification Received				


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<b>Employment History</b>				
<i>(Please start with your current or most recent job. Please attach an additional sheet if necessary.)</i>				
<i>Employer #1</i>				
Employer Name			Type of Business	
Address			Phone Number	
Job Title			Supervisor Name	
Employment Dates	From	To	Starting Salary	Ending Salary
Duties				
Reason for Leaving				
<i>Employer #2</i>				
Employer Name			Type of Business	
Address			Phone Number	
Job Title			Supervisor Name	
Employment Dates	From	To	Starting Salary	Ending Salary
Duties				
Reason for Leaving				
<i>Employer #3</i>				
Employer Name			Type of Business	
Address			Phone Number	
Job Title			Supervisor Name	
Employment Dates	From	To	Starting Salary	Ending Salary
Duties				
Reason for Leaving				
If there a particular employer you do not wish us to contact, please indicate which one(s):				
			<input type="checkbox"/> 1	<input type="checkbox"/> 2
			<input type="checkbox"/> 3	


**TOWNSHIP OF** **LIVINGSTON**

**Personal References** *(no former employers or relatives please)*

	Name	Address	Telephone
1.			
2.			
3.			
4.			

**Applicant Statement**

I hereby authorize the Township of Livingston to contact, obtain and verify the accuracy of information contained in this application from all previous employers (except where I have indicated they may not be contacted), educational institutions and references. I also hereby release the Township of Livingston and its representatives from all liability for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on the application may result in my dismissal. I further understand that this application is not nor is it intended to be a contract of employment, nor does this application obligate the Township of Livingston in any way if the township decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason. No one other than the Township Manager has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the Township Manager.

**Do not sign until you have read the above statement.**

Signature	Date
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