APPLICATION FOR EMPLOYMENT

Borough of Sussex 2 Main Street Sussex, NJ 07461

Phone: 973/875- 4831 Fax: 973/875- 6261 admin@sussexboro.com

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Please provide the following information so that the Borough of Sussex will be in compliance with Title VI of the Civil Rights Act of 1964.

The information regarding race, color, or national origin designation is requested in order to assure the Federal Government that the Borough of Sussex complies with Federal Laws prohibiting discrimination on the basis of race, color, or national origin. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation your request for service or to discriminate against you in any way. However if you choose not to furnish this information, we are required to note your race and national origin on the basis of visual observation or surname.

Please check the appropriate information below:

RACIAL CATEGORIES		ETHNIC CATEGORIES	ETHNIC CATEGORIES		
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White 		☐ Hispanic or Latino☐ Not Hispanic or Latino☐ Other			
	(PLEASE	PRINT)			
Position(s) Applied For		Date of App	lication		
How did you learn about us?					
□Advertisement	□Friend	□Walk-In			
□Employment Agency	□Relative	□Other			

Last Name		First	Name	Midd	le Name	
Address	Number	Street	City	State)	Zip Code
Telephone Nur	nber(s)			Soci	al Security N	lumber
•	under 18 yea our eligibility t	•	you provide require	d	□Yes	□No
Have you	ever filed an	application wit	h us before? If Yes, giv	∕e date_	□Yes	□No
Have you	ever been en	nployed with u	s before? If Yes, giv	∕e date_	□Yes	□No
Are you co	urrently emplo	oyed?			□Yes	□No
May we co	ontact your pr	esent employe	er?		□Yes	□No
because of	of Visa or Imm	nigration Statu	ming employed in the s? be required upon employment		itry □Yes	□No
On what o	late would yo	u be available	for work?			
Are you a	vailable to wo	rk: □Full Time	e □Part Time □Sl	hift Wor	k □Ter	nporary
Are you co	urrently on "la	y-off" status a	nd subject to recall?	•	□Yes	□No
Can you to	ravel if a job r	equires it?			□Yes	□No
		ed of a felony?	pplicant from employment.		□Yes	□No

Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed From To	Work Performed
l 		
Address		
Telephone Number(s)	Hourly Rate/Salary Start Final	
Job Title	Supervisor	
Reason for Leaving		
L		
Employer	Dates Employed From To	Work Performed

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Start Final	
Job Title	Supervisor	
Reason for Leaving		

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Start Final	
Job Title	Supervisor	
Reason for Leaving		

Special Skills and Qualifications

	pecial job-relate other experience		nd qualifications	acquired from
Education				
	Elementary School	High School	Undergraduate College/University	Graduate Professional
School Name and Location			Oulego/Oniversity	1 TOTESSIONAL
Years Completed (circle)	45678	9 10 11 12	1 2 3 4	1 2 3 4
Describe any specialized training, apprenticeships, skills and extracurricular activities. Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				
Liet professiona	l trade husiness	e or civic activ	ities and offices he	2ld
			n, national origin, age, and	

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.				
1				
2				
3				
Have you ever had any job-related training	g in the United States Military? □Yes □	□No		
If Yes, please describe				
Are you physically or otherwise unable to you are applying?	•	which ∃No		
Application Statement				
I certify that answers given herein are true and corinvestigation of all statements contained in this ap in arriving at an employment decision. This application for employment shall be considered Any applicant wishing to be considered for employ to whether or not applications are being accepted at hereby understand and acknowledge that, under employment relationship with this organization is Employee may resign at any time and the Employ without cause. It is further understood that this changed by any written document or by conduct urin writing by an authorized executive of this organization that application or interview(s) may result in discharge by all rules and regulations of the employer.	plication for employment as may be new red active for a period not to exceed 40 ment beyond this time period should income that time. The ess otherwise defined by applicable later of an "at will" nature, which means the er may discharge Employee at any time "at will" employment relationship may alless such change is specifically acknown the example of misleading information given	5 days. quire as aw, any hat the with or not be vledged in my		
S	ignature of Applicant	Date		

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview	□Yes	□No			
Remarks					
					INTERVIEWER DATE
Employed	s □No		Date o	f Employme	nt
Job Title			Salary/Rate		_ Department
			Ву		
			NAME AND TI	TLE DATE	
NOTES					
					.