

Return completed applications to:

**Township of Hamilton
Police Department
6101 Thirteenth St.
Mays Landing, N.J. 08330**

Township of Hamilton

Application for Employment



Gregory K. Ciabrone
Chief of Police

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone # () _____ Mobile # () _____ email _____

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source (Please check the appropriate category and name the source)

- Walk-in _____
- Township Website _____
- Employee _____
- School _____
- Advertisement _____
- Other _____

The best time to call you at home is: _____ a.m./p.m.

May we contact you at work? Yes No

If **yes**, work number and best time to call:

() _____ a.m./p.m.

If you are under 18 and it is required, can you furnish a work permit? Yes No

If **no**, please explain _____

Have you submitted an application here before? Yes No

If **yes**, give date: ____ / ____ / ____

Are you legally eligible for employment in this country? Yes No

Date available for work: ____ / ____ / ____

What is your desired salary range or hourly rate of pay?

\$ _____ per _____

Type of employment desired: Full-time Part-time
 Seasonal Temporary

Will you travel if job requires it? Yes No

If explained to you, are you able to meet the attendance requirements of the position? Yes No N/A

Will you work overtime if required? Yes No

If **no**, please explain _____

Driver's License number required if driving may be required in the job for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

**The Township of Hamilton
is an Equal Opportunity Employer**

EMPLOYMENT HISTORY *Starting with your most recent employer, provide the following information*

| | | | |
|--|------|---|---------------------|
| From: | To: | Employer Name: | Telephone: |
| Job Title: | | Address: | |
| Supervisor: | | Nature of Work: | |
| What did you like most? | | | |
| What did you like least? | | | |
| Reason for leaving? | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Hourly Rate/Salary: |
| From: | To: | Employer Name: | Telephone: |
| Job Title: | | Address: | |
| Supervisor | | Nature of Work : | |
| What did you like most about your position? | | | |
| What did you like the least about your position? | | | |
| Reason for leaving? | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Hourly Rate/Salary: |
| From: | To: | Employer Name: | Telephone: |
| Job Title: | | Address: | |
| Supervisor: | | Nature of Work: | |
| What did you like the most about your position? | | | |
| What did you like the least about your position? | | | |
| Reason for leaving? | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Hourly Rate/Salary: |
| From: | Tol: | Employer Name: | Telephone: |
| Job Title: | | Address: | |
| Supervisor: | | Nature of Work: | |
| What did you like the most about your position? | | | |
| What did you like the least about your position? | | | |
| Reason for leaving? | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Hourly Rate/Salary: |

EMPLOYMENT HISTORY *continued*

Explain any gaps in your employment, EXCEPT those due to personal illness, injury or disability: _____

SKILLS and QUALIFICATIONS

Summarize any special training skills, licenses and/or certificates that may assist you in performing the duties of the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

- MicroSoft Word / Years: _____ Outlook / Years: _____
- Excel / Years: _____ Edmuds Software / Years: _____
- PowerPoint / Years: _____ Other: _____

EDUCATIONAL BACKGROUND

| Education | Name and location of school | # of years attended | Degree Received | Major |
|-----------------------|-----------------------------|---------------------|-----------------|-------|
| High School | | | | |
| College/University | | | | |
| Trade/Business School | | | | |

REFERENCES

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are NOT related to you.

| Name | Title/Position | Contact Number | Years Known |
|------|----------------|----------------|-------------|
| | | | |
| | | | |
| | | | |

RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong? *Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.*

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |

List special accomplishments, publications, awards, etc. *Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.*

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you?

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the Township of Hamilton is true, complete and correct.

I expressly authorize, without reservation, the Township, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the Township, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Township of Hamilton does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only one (1) year. At the conclusion of that time, if I have not heard from the Township and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the authorized Township of Hamilton representative.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the Township's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____