BOROUGH OF BRADLEY BEACH 701 MAIN ST BRADLEY BEACH, NJ 07720

Date:	

Employment Application

Applicant Information:
Name (Last, First, Middle):Address:
City/Town:
Phone (Work): ()(Home): ()
Social Security Number: Email:
Position applied for:
Have you ever applied to the Borough of Bradley Beach before:YesNo If yes, give date
Date you can start:Salary desired:
Are you available to work:Full timePart timeShift workTemporary
Are you currently employed:YesNo
May we contact your current employer:YesNo
Are you currently on layoff status and subject to recall:YesNo
Do you possess a current driver's license:YesNo
Do you possess a current commercial driver's license:YesNo
Please list any endorsements:
If you are under eighteen years of age, can you provide proof of eligibility to work:YesNo
Are you legally eligible to work in the United States of America:YesNo Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.
Have you ever been arrested:YesNo
If Yes, please explain:

Employment is conditional upon the results of the criminal background check. An answer of "Yes" may disqualify you from employment depending upon the circumstances involved.

The Borough of Bradley Beach is an Equal Oppo	rtunity Employer M/F
Signature of Applicant:	
Date:	
Signature of Witness:	
Date:	

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:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		-
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes	No		
Employer:	Date started:	Date left:	Work performed/
Address:			responsibilities:
Job Title:	Starting Salary:		
Job 1itie:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes	No		
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		+
Job Title:	Final Salary:		
Reason for leaving:	Tillai Salai y.		
Supervisor's name and phone number:			
	3 .7		
May we contact for a reference: Yes Employer:	No Date started:	Date left:	Work performed/
Employer.	Date started.	Date left.	responsibilities:
Address:	Starting Salary:		_
Job Title:			
	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes	No		

Comments:

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:
High:	1234	Yes No	
College:	1234	Yes No	
Other:	1234	Yes No	

Languages: List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

_	Experience: actors that make						
Commens should cons	itional Inforn	nation: Is	there any a	additiona	l informat	ion about	you we

LIFEGUARD INFORMATION

(FILL OUT THIS SECTION IF APPLYING FOR ABOVE POSITION)

HEIGHT	WEIGHT	SEX	AGE	
List any previous	lifeguarding experience:			
List any swimmin	g experience including even	nts and times:		
Schools attended	and any sports played:			

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

Name & Address:	Phone Number:	Years Known:

Understandings and Agreements:

As an applicant for a position with the Borough of Bradley Beach, 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 Borough later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough 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 Borough the right to secure additional job-related information about me. I release the Borough and its representatives from all liability for seeking such information. I understand that the Borough of Bradley Beach is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough 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 Borough may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough 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. For your application to be considered, you must sign and date below.

Applicant's Signature	Dat	te
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RELEASE AND WAIVER

To Whom It May Concern:

I hereby authorize any Police Officer or other authorized representative of the Bradley Beach Police Department bearing this release, or copy of it, within one year of its date, to obtain any information in your files pertaining to my employment or volunteer history, whether said records are of public, private, or confidential nature, including but not limited to documents concerning my credit history or education, academic achievement, attendance, athletics, personal history, military history, work performance, background investigations, polygraph examinations, and any and all internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Bradley Beach Police Department.

Consent is granted for the Bradley Beach Police Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided and background investigation report prepared by the Bradley Beach Police Department.

The intent of this authorization is to give my consent for full and complete disclosure and to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Bradley Beach Police Department to consider in determining my suitability for employment or a volunteer position with the Borough of Bradley Beach. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

I hereby release you, your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of your compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon the request of the duly authorized representative of the Bradley Beach Police Department regardless of any agreement I may have made with you previously to the contrary.

Applicant Agrees to random drug testing	_ Initial Here
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I understand that I have the received a copy.	e right to receive	a copy of this authorization	and acknowledge that I have
PRINTED NAME:	SIGNATURE	∃:	DATE:
CURRENT ADDRESS:		DAYTIME PHONE#:	EVENING PHONE#:
SWORN TO SUBSCRIBE	BEFORE ME T	THISDAY OF	
NOTARY PUBLIC, STAT	E OF NJ	MY COMN	MISSION EXPIRES: