BOROUGH OF BRADLEY BEACH 701 Main Street, Bradley Beach, NJ 07720

Date: _____

Employment Application:

Applicant Information:
Name (Last, First, Middle):
Address:
City/Town:
Phone (Work): () (Home): ()
Social Security Number: Email Address:
Position applied for:
Have you ever applied to the (local unit type) before: YesNo If yes, give date
Date you can start: Salary desired:
Are you available to work: Full time Part time Shift work Temporary
Are you currently employed:YesNo May we contact you at work: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: Yes No
Please list any endorsements:

If you are under eighteen years of age, can you provide proof of eligibility to work: ____ Yes ___No

Are you legally eligible to work in the United States of America: _____Yes _____No Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

The Borough of Bradley Beach is an Equal Opportunity Employer

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:		Work performed/
Address:	Date started: Date left:	responsibilities:
Starting Salary:		
Final Salary:		
Job Title:	1	
Reason for leaving:		
Supervisor's name and phone		
number:		
May we contact for a reference:		
YesNo		
Employer:	Data startade Data laft:	Work performed/
Address:	Date started: Date left:	responsibilities:
Starting Salary:		
Final Salary:		
Job Title:		
Reason for leaving:		
Supervisor's name and phone		
number:		
May we contact for a reference:		
YesNo		
Employer:	Date started: Date left:	Work performed/
Address:		responsibilities:
Starting Salary:		
Final Salary:		
Job Title:		
Reason for leaving:		
Supervisor's name and phone		
number:		
May we contact for a reference:		
Yes No		Work nonformed/
Employer: Address:	Date started: Date left:	Work performed/ responsibilities:
		responsibilities:
Starting Salary		
Starting Salary: Final Salary:		
Final Salary:		
Final Salary: Job Title:		
Final Salary: Job Title: Reason for leaving:		
Final Salary: Job Title: Reason for leaving: Supervisor's name and phone		
Final Salary: Job Title: Reason for leaving: Supervisor's name and phone number:		
Final Salary: Job Title: Reason for leaving: Supervisor's name and phone		

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.

Read:

Write:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Speak Fluently:

Comments & Additional Information: Is there any additional information about you we should consider?

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

Name & Address:	Phone Number:	Years Known:	

Understandings and Agreements:

Speak Some:

e:

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 of Bradley Beach later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough of Bradley Beach 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 of Bradley Beach the right to secure additional job-related information about me. I release the Borough of Bradley Beach is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough of Bradley Beach and its representatives from all liability for seeking such informations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Borough of Bradley Beach may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough of Bradley Beach 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	Date

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

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

PRINTED NAME:	SIGNATURE:		Γ	DATE:
CURRENT ADDRESS:		DAYTIME PHONE#:	E	WENING PHONE#:
SWORN TO SUBSCRIBE	E BEFORE ME THIS	DAY OF		-
NOTARY PUBLIC, STAT		MY CC	OMMISSION EXPIRES	: