

Employment Application

The Township of East Greenwich 159 Democrat Road Mickleton, NJ 08058 856 423 0654 <i>An Equal-Opportunity Employer</i>			Position applied for
			Other names under which you have worked
Last name	First name	Middle initial	Social Security Number
Address			Phone (home)
Town, State, ZIP			Phone (work)
Use the bottom box to explain any "YES" answer to a question with an asterisk (*)			
1. Can you submit proof of your US citizenship or your legal right to work in the United States?			YES NO
2. Do you have any relatives who work for East Greenwich Township? *			
3. Are you related to any member of the East Greenwich Township Committee? *			
4. Have you been sentenced or placed on probation because you were convicted of a felony, misdemeanor, or court martial since your 18 th birthday? * (A "YES" answer does not necessarily disqualify you from employment. A "YES" answer will be evaluated on the basis of the job you apply for.)			
Use this space to explain any "YES" answers to questions with an asterisk (*). Use additional paper, if needed.			

Instructions:

- Complete all parts of this application. Incomplete applications will not be accepted.
- You may submit supplemental material such as a resume, but you **MUST** provide all information on this form, including information about places and dates of employment.
- **Begin with your current or most recent position**, and go back at least ten years. Show **all** employers and explain any gaps in employment. Include all paid and unpaid experience you think qualifies you for this position. Use additional sheets, if needed to show full employment history.

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name	Employer's address (include town, state, ZIP)		
Name & title of immediate supervisor		Supervisor's phone	
May we contact supervisor?	YES LATER NO		
Reason for leaving position			
Describe your duties			

Dates of employment (month/year)	Title	Hrs/week	Starting rate: Ending rate:
Employer's name	Employer's address (include town, state, ZIP)		
Name & title of immediate supervisor		Supervisor's phone	
May we contact supervisor?	YES LATER NO		
Reason for leaving position			
Describe your duties			

Education

Did you graduate from high school?		Yes	No	If NO, do you have a GED?		Yes	No
Colleges or Universities				City, State/Country	Major	Total credits earned	Degree received (AA, BS, MBA, etc)
Trade or other special schools				Name of course or training		Completed satisfactorily?	
						Yes	No
List any licenses or certificates that are related to the position you seek							
List any of your professional, trade, business, or civic activities that relate to the position you seek. (If you prefer, you do not need to list any activities that might indicate race, color, religion, gender, marital status, national origin, age, or disability.)							

Driver's License

If driving a car or other vehicle is required for this position, do you have a valid NJ driver's license?		Yes	No
If NO, do you have a license from another US state?		Yes	No
		Which state? _____	
License restrictions, other than eyeglasses: _____			
If a Commercial Drivers License is required for this position, do you possess a valid NJ CDL?		Yes	No
If YES, give # _____ and class of license _____			
License restrictions, other than eyeglasses: _____			

Please read the following statements carefully before signing this application. They affect your legal rights!

I certify that all information I have provided on this application, and on any supplementary material submitted with this application, is true and correct. I hereby authorize the Township of East Greenwich to investigate the accuracy of this information, contacting any person or organization as needed. I release the Township of East Greenwich and all persons and organizations from which it seeks information about me from all claims and liability arising out of the township's investigation, or from supplying information about me.

I acknowledge that the township may refuse to hire me if it discovers any false statement or incorrect or misleading information on this application or supplementary material. I further acknowledge that the township may dismiss me immediately if it discovers, after hiring me, that there was any false statement or incorrect or misleading information on this application or supplementary material.

I understand that I must submit proof of US citizenship or the legal right to work in the US if I am hired. I also understand that I may be required to pass a pre-employment drug test, medical examination, and/or other tests relevant to the position I

Applicant's signature _____ Date _____

EAST GREENWICH TOWNSHIP POLICE
DEPARTMENT MEDICAL CERTIFICATION FORM

Candidate's Name: _____

Social Security Number: _____

Name of Course: Pre Employment Physical Assessment Course Date: _____

Physician's Name: _____

Physician's Address: _____

Based upon medical examination and review of the Health History Statement, the above named individual is determined to be: (Check one)

_____ Medically fit to participate in Physical Conditioning Training Program without limitation

To include: 1 ½ Mile Run, Sit Ups, Pushups, 300 meter run, and Vertical Jump

Date individual will be cleared to fully participate in training program: _____

_____ Not medically fit to participate in Physical Conditioning Program

Physician's Signature and License No.

Date