

TOWNSHIP OF ANDOVER  
 OFFICE OF THE MUNICIPAL CLERK  
 134 NEWTON-SPARTA ROAD  
 NEWTON, NEW JERSEY 07860  
 973-383-4280, ext. 223, 234  
 973-383-5039 facsimile

**EMPLOYMENT APPLICATION**

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, disability or age. The Township of Andover operates under the New Jersey Administrative Code, Title 4A & 11A. Certain positions require certification through the State Department of Personnel. The Township of Andover is an Equal Opportunity Employer.

(PLEASE PRINT)

Position(s) Applied for		Date	Date of Birth	
Last Name		First Name		Middle Initial
Address Number	Street	City	State	Zip Code
Telephone Number(s) (home, cell)			Social Security Number	
How did you learn about this position?		<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	
		<input type="checkbox"/> Walk-In	<input type="checkbox"/> Posting	
		<input type="checkbox"/> Relative	<input type="checkbox"/> Other	

If you are under 18 years of age, can you provide proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes Date(s) \_\_\_\_\_  No

Have you ever been employed with us before?  Yes Date(s) \_\_\_\_\_  No

Will you authorize us to check previous Worker's Compensation claims?  Yes  No

Will you authorize us to check your Motor Vehicle Record?  Yes  No

Driver's License No. \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your previous employers?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you served in the armed forces? (If yes, your DD214 papers may be requested for review)  Yes  No  
 If Yes, what type of discharge did you receive? \_\_\_\_\_

Have you ever been convicted of a misdemeanor, ordinance violation, felony, crime, in this state or any other jurisdiction, within the last seven years? If Yes, please provide copies of any and all information regarding disposition of same.  Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

### Indicate any foreign languages you can speak and/or write

LANGUAGE									
SPEAK	fluent	good	fair	fluent	good	fair	fluent	good	fair
READ	fluent	good	fair	fluent	good	fair	fluent	good	fair
WRITE	fluent	good	fair	fluent	good	fair	fluent	good	fair

# 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.

<b>1. Employer</b> Name Address	Dates Employed From <span style="float: right;">To</span>		Work Performed	
	Telephone Number(s)	Hourly Rate/Salary Starting <span style="float: right;">Final</span>		
	Job Title	Reason for Leaving		
	Supervisor			

<b>2. Employer</b> Name Address	Dates Employed From <span style="float: right;">To</span>		Work Performed	
	Telephone Number(s)	Hourly Rate/Salary Starting <span style="float: right;">Final</span>		
	Job Title	Reason for Leaving		
	Supervisor			

<b>3. Employer</b> Name Address	Dates Employed From <span style="float: right;">To</span>		Work Performed	
	Telephone Number(s)	Hourly Rate/Salary Starting <span style="float: right;">Final</span>		
	Job Title	Reason for Leaving		
	Supervisor			

◆ If you need additional space, please continue on the reverse side of this sheet.

## Professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills

## Check Skills/Equipment Operated

- PC
- Calculator
- Typewriter
- Fax
- Microsoft Office (Word, Excel, Outlook)
- Windows 2000/XP
- Computer Graphics
- Power Point
- Internet/e-mail capable

Machinery or Computer capability not listed

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State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants:** Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing, in a reasonable manner, the activities involved in the job or occupation for which you have applied?       Yes       No

<b>Please Provide Three (3) <i>Business</i> References</b>		
Name	Address	Phone Number
1.		
2		
3		

<b>Please Provide Three (3) <i>Personal</i> References</b>		
Name	Address	Phone Number
1.		
2		
3		

I certify that the information supplied by me on this application for employment is true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this employment application, as deemed necessary for the Township of Andover, to arrive at a decision to offer employment.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge.

I understand that all employment offers are conditional until the applicant or candidate passes a pre-employment drug screening and a criminal history check at the expense of the Township of Andover, and that all six (6) phases of the hiring process have been met.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date