



# APPLICATION FOR EMPLOYMENT

**TOWN OF NEWTON**  
 39 Trinity Street Newton, New Jersey 07860-1823  
 Phone (973) 383-3521 • Fax (973) 383-8961  
 www.newtontownhall.com

FOR OFFICIAL USE ONLY	
Date Rec'd	
Department	
Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Information				
Full Name (First, Middle, Last)				
Present Address (Street, Town, State, Zip)				
Home Telephone #	Cell Telephone #	E-Mail Address		
Are you legally eligible for employment in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License #	State	
<small>(Proof of citizenship or authorization to work in the United States will be required upon hire.)</small>				
Position(s) applying for:				
Were you previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ If your application is considered favorably, on what date will you be available to start work? _____  Do you have any special skills or qualifications which will be of benefit in the position for which you are applying?				
Is any member of your immediate family employed by the Town of Newton? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name: _____ Were you in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____ Dates of Duty: From _____ to _____ Rank at discharge: _____ If employed by the Town of Newton are you willing to take a physical exam? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you available to work on Saturdays, Sundays, or evenings if required by your position? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Record of Education				
	Elementary School	High School	College/University	Other
School Name				
Location				
Last Year Completed	<input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify Degree or Certification Received				
*Use this space to describe any internships, licenses, certifications or registrations that you possess which are related to the position for which you are applying. What type of license(s), certification(s), and/or registration(s) do you hold? <input type="checkbox"/> Not applicable  In which state(s) do you hold the license(s), certification(s), and/or registration(s)? <input type="checkbox"/> Not applicable  What was the original issue date of the license(s), certification(s), and/or registration(s)? <input type="checkbox"/> Not applicable  What is the date of your current license(s), certification(s), and/or registration(s)? <input type="checkbox"/> Not applicable  What type of internship(s) have you completed? <input type="checkbox"/> Not applicable  Where was the internship(s) completed? <input type="checkbox"/> Not applicable  What were the dates of the internship(s)? <input type="checkbox"/> Not applicable				

**Employment History (start with your current or most recent job)**

<b>Employer #1</b>			
Name of Company		Type of Business	
Address		Telephone #	
Job Title		Supervisor	
Employment Dates	/		
Work performed			
Reason for leaving			

<b>Employer #2</b>			
Name of Company		Type of Business	
Address		Telephone #	
Job Title		Supervisor	
Employment Dates	/		
Work performed			
Reason for leaving			

<b>Employer #3</b>			
Name of Company		Type of Business	
Address		Telephone #	
Job Title		Supervisor	
Employment Dates	/		
Work performed			
Reason for leaving			

If there is a particular employer you do not wish us to contact, please indicate which one(s).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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<b>Personal References (no former employers or relatives please)</b>		
Name	Email Address	Telephone #

The Town of Newton is an equal opportunity employer and may not discriminate on the basis of race, color, creed, national origin, ancestry, political affiliation, age, marital status, sex, gender identity or expression, affectional or sexual orientation, physical or mental disability, liability for military service or handicap.

All applicants offered a position with the Town of Newton must submit to a drug and alcohol test as a condition of employment.

**Applicant's Statement**

I hereby authorize the Town of Newton to contact, obtain and verify the accuracy of information contained in this application from all previous employers (except where I have indicated they may not be contacted), educational institutions and references. I also hereby release the Town of Newton and its representatives from all liability for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on the application may result in my dismissal. I further understand that this application is not nor is it intended to be a contract of employment, nor does this application obligate the Town of Newton in any way if the Town decides to employ me. No one other than the Town Manager has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the Town Manager.

I agree  I do not agree

Date: \_\_\_\_\_