COLTS NECK TOWNSHIP
Employment Application

1 Veterans Way
Colts Neck, NJ 07722
www.coltsneck.org

APPLICANT INFORMATION

Last Name		First		M.I.	Date	

Street Address					Apartment/Unit #	

City		State		ZIP	

Phone		E-mail Address	

Date Available		Desired Salary	

Position Applied For:	

Have you ever worked for the Township?	YES ☐	NO ☐	If so, when?	

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? Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.	YES ☐	NO ☐
Are you currently on layoff status and subject to a recall?	YES ☐	NO ☐
Do you possess a current driver's license?	YES ☐	NO ☐
Do you possess a current commercial driver's license?	YES ☐	NO ☐

Please list any endorsements:

COLTS NECK TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER M/F

PREVIOUS EMPLOYMENT - This section must be completed even if you attach a resume.

Company	Phone
Address	Supervisor

Job Title

Responsibilities

From	To	Reason for Leaving

May we contact your previous supervisor for a reference? YES ☐   NO ☐

Company	Phone
Address	Supervisor

Job Title

Responsibilities

From	To	Reason for Leaving

May we contact your previous supervisor for a reference? YES ☐   NO ☐

Company	Phone
Address	Supervisor

Job Title

Responsibilities

From	To	Reason for Leaving

May we contact your previous supervisor for a reference? YES ☐   NO ☐

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

If other than honorable, explain

EDUCATION

High School				Address		
From		To		Did you graduate? YES ☐ NO ☐	Degree	
College				Address		
From		To		Did you graduate? YES ☐ NO ☐	Degree	
Other				Address		
From		To		Did you graduate? YES ☐ NO ☐	Degree	

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

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

UNDERSTANDINGS AND AGREEMENTS

As an applicant for a position with Colts Neck Township, 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 Colts Neck Township later discovers that information on this form was incomplete, untrue, or inaccurate. I give Colts Neck Township 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 Colts Neck Township the right to secure additional job-related information about me. I release Colts Neck Township and its representatives from all liability for seeking such information. I understand that Colts Neck Township is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that Colts Neck Township will make reasonable accommodations as required by the Americans with Disabilities Act and New Jersey Law Against Discrimination. I understand that, if employed, I may resign at any time and that Colts Neck Township may terminate me at any time in accordance with its established policies and procedures. No representatives of Colts Neck Township 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.

Signature	Date