

**TOWNSHIP OF DELRAN  
EMPLOYMENT APPLICATION**

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

***Applicant Information:***

Name (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Have you ever applied to Delran Township before? \_\_\_\_ Yes \_\_\_\_ No  
(If yes, give date: \_\_\_\_\_)

Date you can start employment: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

What hours are you available to work? \_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_ Shift work \_\_\_\_ Temporary

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No

May we contact you at work? \_\_\_\_ Yes \_\_\_\_ No

May we contact your current employer? \_\_\_\_ Yes \_\_\_\_ No

Are you currently on layoff status and subject to recall? \_\_\_\_ Yes \_\_\_\_ No

Do you possess a current 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.)*

Have you ever plead guilty or been found guilty of a crime; disorderly persons offense; or a municipal ordinance involving moral turpitude? \_\_\_\_ Yes \_\_\_\_ No

*Employment is conditional upon the results of the criminal background check. An answer of "Yes" may disqualify you from employment depending upon the circumstances involved. If "Yes," please explain below.*

\_\_\_\_\_  
\_\_\_\_\_

**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:	Date Started: __/__/__	Date Left: __/__/__	Work performed/responsibilities: _____ _____ _____
Address:	Starting Salary: \$ _____	Final Salary: \$ _____	_____ _____ _____
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference? ____ Yes ____ No			
Employer:	Date Started: __/__/__	Date Left: __/__/__	Work performed/responsibilities: _____ _____ _____
Address:	Starting Salary: \$ _____	Final Salary: \$ _____	_____ _____ _____
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference? ____ Yes ____ No			
Employer:	Date Started: __/__/__	Date Left: __/__/__	Work performed/responsibilities: _____ _____ _____
Address:	Starting Salary: \$ _____	Final Salary: \$ _____	_____ _____ _____
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference? ____ Yes ____ No			
Employer:	Date Started: __/__/__	Date Left: __/__/__	Work performed/responsibilities: _____ _____ _____
Address:	Starting Salary: \$ _____	Final Salary: \$ _____	_____ _____ _____
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference? ____ Yes ____ No			

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 specialty, such as Academic, Business, or Trade.

School:	Years completed (circle):	Graduated (circle):	Major Field:
Elementary:	5   6   7   8	Yes   No	N/A
High:	1   2   3   4	Yes   No	
College:	1   2   3   4	Yes   No	
Other:	1   2   3   4	Yes   No	

**Languages:** List any foreign languages you may know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

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

**Comments and 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
Name:  Address:		
Name:  Address:		
Name:  Address:		

**Understandings and Agreements:**

As an applicant for a position with the Township of Delran, 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 Township later discovers that the information on this form was incomplete, untrue, or inaccurate. I give the Township of Delran the right to investigate the information I have provided, and talk with former employers (except where I have indicated they may not be contacted). I give the Township of Delran the right to secure additional job-related information about me. I release the Township of Delran and its representatives from all liability for seeking such information. I understand that the Township of Delran is an equal opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Delran will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Township of Delran may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Delran 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Conditions of Employment:**

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check and drug test. A pre-employment physical may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. *For your application to be considered, you must sign and date below.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_